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ABSTRACT

Library and health care professionals team up in the Born to Read partnerships in Florida to empower at-risk expectant and new parents to take an active role in the health and education of their children. Designed for Born to Read workshop participants, this manual contains the following sections: (1) General Information, including workshop agendas, lists of participants, and library program information sheets; (2) Overview, including Born to Read goals/highlights and library program descriptions; (3) Brain Research, including statements on the importance of early childhood brain development, guiding principles for policy makers, an address on the Committee for Economic Development's role in childhood education/development, brain research summary, child care statistics, and directory of trainers; (4) Programs, Services and Materials to enhance infant development, including a bibliography, list of toys/manipulative objects, a presentation on infant/toddler communication and language development, lists of books and sound recordings for infants/toddlers, description of a program for Hispanic teen mothers, a paper on the role of fathers in children's literacy development, rhymes/songs for babies, and tips for working with young children; (5) Public Relations and Communications, including news releases, overheads, and a publicity checklist; (6) Partnerships, including guidelines for developing partners; (7) Volunteers, including newspaper articles and a volunteer packet; and (8) Evaluation, including report guidelines. (AEF)

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Born to Read

How to Nurture a Baby's Love of Learning

Born To Read Capacity Building Workshop
Tallahassee, Florida
November 9 & 10, 1998

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Florida Department of State
Sandra B. Mortham, Secretary of State

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GENERAL INFORMATION

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3 BRAIN RESEARCH

4 PROGRAMS, SERVICES & MATERIALS TO ENHANCE INFANT DEVELOPMENT

5 PUBLIC RELATIONS & COMMUNICATIONS

6 PARTNERSHIPS

7 VOLUNTEERS - RECRUITMENT, TRAINING & RETENTION

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9 SCRAPBOOK

10 NOTES

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GENERAL
INFORMATION

BORN TO READ
CAPACITY BUILDING WORKSHOP
NOVEMBER 9 AND 10, 1998
AGENDA

MONDAY, NOVEMBER 9

9:00 - 9:30	Registration and Coffee
9:30 - 10:30	Welcome Barratt Wilkins, State Librarian Introductions and General Overview of Born to Read Carole D. Fiore, Library Program Specialist, State Library of Florida
10:30 - 10:45	Break
10:45 - Noon	Introduction of Local Programs by Participants
Noon - 1:00	Lunch
1:00 - 2:30	Starting Points: The New Brain Research Wil Blechman, MD, Project Director, Lawton & Rhea Chiles Center for Healthy Mothers and Babies
2:30 - 2:45	Break
2:45 - 3:45	Recruiting, Training, and Retaining Volunteers Josh Hall, Telephone Counseling and Referral
3:45 - 4:45	First Word Amy Wetherby, Ph.D., First Words Project, Department of Communication Disorders, Florida State University
4:45- 5:00	Rewind and Fast Forward

TUESDAY, NOVEMBER 10

8:30 - 9:00	Coffee and Networking
9:00 - 9:15	Rewind and Fast Forward
9:15 - 10:00	Building on the Past Representatives from Columbia County Public Library, Okeechobee County Public Library, and Putnam County Public Library
10:00 - 10:30	Publicity and Public Relations Patrice Koerper, Tampa-Hillsborough County Public Library System
10:30 - 10:45	Break
10:45 - 11:00	Tips for Successful Grants Administration Marian Deeney, Library Program Specialist, State Library of Florida
11:00 - Noon	Literature for Families with Young Children Carole D. Fiore, Library Program Specialist, State Library of Florida
Noon - 1:00	Lunch
1:00 - 1:30	Evaluation Techniques Sondra Taylor-Furbee, Library Program Specialist, State Library of Florida
1:30 - 2:30	Small Group Work Time - Groups from the individual libraries have time to work on and modify their proposals, action plans, share ideas, etc.
2:30 - 3:15	Small Groups will report out to the large group about the changes they anticipate making
3:15 - 3:30	Rewind and Fast Forward
3:30	Adjourn. Have a safe journey home!

Develop Young Minds!

BORN TO READ
How to Nurture a Baby's Love of Learning

29 minutes/1996/Closed captioned/2 videos on one tape: planning manual/1041XB/$89

Help parents and caregivers take an active role in the health and education of their children. Library and health care professionals team in the "Born to Read" partnerships, reaching out to at-risk expectant and new parents.

This fully equipped package gives everything needed to become the "Born to Read" center for your community! Included are two videos and a complete planner's manual.

The first part of the video (9 minutes) goes out with you to the community. It shows local associations, civic leaders and potential fundraisers the important role the library plays in producing a healthy, literate community.

The second part (20 minutes) trains staff, giving them ideas and proven techniques for having a successful program for babies and their care providers. Tips from successful "Born to Read" projects are included.

"I like to come to this program because it's learning. It could help me out better as I grow older and as he grows older."

—Tiana, Participant

H. Leslie Perry Memorial Library
Henderson, NC

The 200-page planning manual gives you all the necessary ingredients for a "Born to Read" program by supplying:

- ❑ Budget worksheets
- ❑ Step-by-step program planning
- ❑ Media/promotional activities
- ❑ Curriculum outlines
- ❑ Tips on raising local funding

"The Born to Read package addresses an essential need for libraries by supplying all the necessary components. It's all you need to inspire and mobilize your community!"

—Carla Morris, Born to Read Director
Provo City Library, Provo Utah

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TO ORDER CALL 800-441-FREE

BORN TO READ
CAPACITY BUILDING WORKSHOP

Wednesday, November 5 and Thursday, November 6, 1997

Agenda

Wednesday, November 5

9:30 - 10:00	Coffee and Registration
10:00 - 10:20	Greetings *Secretary of State Sandra B. Mortham* *State Librarian Barratt Wilkins*
10:20 - 10:50	Introduction *Carole Fiore*
10:50 - Noon	Local Plans for Success *Introduction of Local Teams*
Noon - 1:00	Lunch
1:00 - 2:00	The New Brain Research *Wil Blechman, M.D.* *Florida Departments of Health and Children & Families*
2:00 - 2:30	Why Communities Need To Be Involved in Born to Read *Susan Roman, Ph.D.* *Association for Library Service to Children*
2:30 - 2:45	Break
2:45 - 3:45	Partnering within the Community *Panel Discussion*
3:45 - 4:00	Break
4:00 - 5:00	Roles and Responsibilities of the Born to Read Partners *Wil Blechman, M.D.* *Sue McCleaf Nespeca* *Susan Roman, Ph.D.*

Thursday, November 6

8:00 - 8:30	Coffee and Networking
8:30 - 8:45	Rewind and Fast Forward *Carole Fiore*
8:45 - 9:45	Programming for Families with Very Young Children *Sue McCleaf Nespeca* *NOLA Regional Library, Ohio*
9:45 - 10:30	Telling the Community About Your Program *Patrice Koerper* *Tampa-Hillsborough County Public Library*
10:30 - 10:45	Break
10:45 - 11:45	Volunteer Training *Jeri Bush* *Leon County*
11:45 - 12:45	Lunch
12:45 - 2:15	Refining Local Plans *Local teams*
2:15 - 2:45	Evaluating Your Success *Sondra Taylor-Furbee*
2:45 - 3:00	Rewind and Fast Forward *Carole Fiore*

DESIRED OUTCOMES

By the end of the BORN TO READ Capacity Building Workshop, participants will:

Understand how libraries can contribute to the early literacy experience of young children

Will have some basic knowledge about the new brain research and understand why early intervention programs such as BORN TO READ are so important

Will understand the developmental levels of infants and have knowledge of and be able to select appropriate materials to enhance infant development

Will have an understanding of how partnerships and collaborations will contribute to the success of BORN TO READ and know how to work with other agencies

Will understand the roles and responsibilities of the BORN TO READ partners

Will know how to recruit, train, and retain volunteers

Will have at least 2 ideas how to promote their local BORN TO READ program

Will understand the importance of evaluation of their local BORN TO READ program

Ground Rules

- Stay on task and on time
- Everyone is responsible for the success of the workshop
- Take responsibility for your own learning. Ask questions!
- Everyone participates – no one dominates
- Listen as allies
- Avoid side conversations
-
-

BORN TO READ
Capacity Building Workshop Participants
November 5-6, 1997

Participant Name	*Name of Library*	*Organization*	*Type Representative*
1. Hallock, David	Bartow Public Library	Rotary Club	Community Partner
2. Hallock, Harriet	Bartow Public Library	Friends of the Bartow Public Library	Community Partner
3. Wade, Courtney	Bartow Public Library	Columbia Bartow Hospital	Health Care Representative
4. Chancey, Linda	Bartow Public Library	Bartow Public Library	Library
5. Hollingsworth, Mary	Columbia County Public Library	Suwannee Valley Community Coordinated Child Care	Community Partner
6. Harless, Edie	Columbia County Public Library	Columbia County Health Department	Health Care Representative
7. Evans, Katrina	Columbia County Public Library	Columbia County Public Library	Library
8. Clark, Shirley T.	Gadsden County Public Library	Gadsden Co. Cooperative Extension Service - Univ. of Fla.	Community Partner
9. Skipper, Clifton	Gadsden County Public Library	Gadsden County Health Department	Health Care Representative
10. Hancock, Jean	Gadsden County Public Library	Gadsden County Public Library	Library
11. Mitchell, Kathy	Gadsden County Public Library	Gadsden County Public Library	Library
12. Gomez, Maria G.	Heartland Library Coop. - Hardee County Library	Hardee County Even Start Program	Community Partner
13. Kitchens, Nancy	Heartland Library Coop. - Hardee County Library	Hardee County Health Department	Health Care Representative
14. Obrakta, Donald	Heartland Library Coop. - Hardee County Library	Hardee County Public Library	Library
15. Davis, Marion	Heartland Library Coop. - Okeechobee Co. Library	Friends of the Okeechobee Public Library	Community Partner
16. Viki Lambert	Heartland Library Coop. - Okeechobee Co. Library	Healthy Start	Health Care Representative
17. Pat Frisby	Heartland Library Coop. - Okeechobee Co. Library	Okeechobee County Library	Library

18. Martha Wright	Putnam Co. Library Sys.	Redlands Christian Migrant Association	Community Partner
19. Lesneski, Cheryl	Putnam Co. Library Sys.	Putnam County Health Department	Health Care Representative
20. Thies, Gracie	Putnam Co. Library Sys.	Putnam County Library System	Library
21. Paula Knight	Sumter County Public Library System	Langley Medical Center	Health Care Representative
22. Alan Knipp	Sumter County Public Library System	Sumter County Health Department	Community Partner
23. Rhodes, Debra S.	Sumter County Public Library System	Sumter County Public Library System	Library
24. Scilligo, Jim	Tampa-Hillsborough Co. Public Library System	Barnes and Noble	Community Partner
25. Ogden, Patricia	Tampa-Hillsborough Co. Public Library System	Tampa General Healthcare	Health Care Representative
26. Koerper, Patrice	Tampa-Hillsborough Co. Public Library System	Tampa-Hillsborough County Public Library System	Library
27. Smith, Betty	Three Rivers Regional Library Sys. - Dixie Co.	Friends of the Dixie County Public Library	Community Partner
28. Reed, Wendy	Three Rivers Regional Library Sys. - Dixie Co.	Dixie County Health Department	Health Care Representative
29. Hadden, John K.	Three Rivers Regional Library System	Three Rivers Regional Library System	Library
30. Segree, Bonnie	Wilderness Coast Public Libraries - Franklin Co.	Franklin County Adult Reading Program	Community Partner
31. Marshall, Marie	Wilderness Coast Public Libraries - Franklin Co.	Healthy Start Coalition	Health Care Representative
32. Ball, Eileen Annie	Wilderness Coast Public Libraries - Franklin Co.	Franklin County Public Library	Library

Born To Read
Pilot Sites

Name of Library

- *Bartow Public Library*

Library Representative

- *Linda Chancey*

Health Care Partner Agency

- *Columbia Bartow Memorial Hospital*

Representative

- *Courtney Wade*

Community Partner Agency

- *Rotary Club Bartow*
- *Friends of the Bartow Public Library*

Representative

- *Dave Hallock*
- *Harriett Hallock*

Two or three interesting or unique things about your *Born To Read* project:

1) *Will videotape new parents and their baby free of charge as an incentive to have them visit the library.*

2) *Programs for parents and babies to model reading techniques and for language/literacy development.*

3) *Interact and network with other county agencies that serve children and families.*

Born To Read
Pilot Sites

Name of Library

- *Columbia County Public Library*

Library Representative

- *Katrina Evans*

Health Care Partner Agency

- *Columbia County Health Department*

Representative

- *Edie Harliss*

Community Partner Agency

- *Suwannee Valley Community Coordinated Child Care*

Representative

- *Mary Hollingsworth*

Two or three interesting or unique things about your *Born To Read* project:

1) ***The library will provide a deposit collection to the Health Department which will include topics on parenting as well as books for children. This will be housed at the Health Department to create a "Library Corner" for public use.***

2) ***Transportation will be provided to the participants from the library to the Health Department by the Suwannee Valley Authority at an estimated cost of $.20 per person.***

3) ***The local hospital staff will provide a coupon redeemable at the library for a board book. Board books will be purchased with funds raised from community groups.***

Born To Read
Pilot Sites

Name of Library

- ***Gadsden County Public Library***

Library Representative

- ***Kathy Mitchell and Jean Hancock***

Health Care Partner Agency

- ***Gadsden County Public Health Unit***

Representative

- ***Clifton Skipper***

Community Partner Agency

- ***Gadsden County Extension Office***

Representative ***(name & title)***

- ***Shirley Clark***

Two or three interesting or unique things about your *Born To Read* project:

1) ***The library and our partners will have 8 workshops where information from these agencies will be presented in a "shower" format.***

2) ***At the workshops, information will be given to mothers-to-be from the following agencies: LVA—Gadsden, Gadsden Citizens for Healthy Babies, Health Unit, Extension Office, and the Gadsden County Library.***

3) ***We will present the mothers with "gifts for baby," containing diaper bags, bibs, board books, bookmarks, and library registration cards.***

Born To Read
Pilot Sites

Name of Library

- *Hardee County Library (Heartland Library Cooperative)*

Library Representative

- *Don Obrakta*

Health Care Partner Agency

- *Hardee County Health Department*

Representative

- *Nancy Kitchens*

Community Partner Agency

- *The School Board Hardee County – Even Start Program*

Representative

- *Maria Gomez*

Two or three interesting or unique things about your *Born To Read* project:

1) *We will provide a public Internet workstation accessible for teenage expectant parents to search for child care/health web sites.*

2) *Parenting classes in person and via the net.*

3) *Expand materials collection with new parenting materials and material to encourage reading to babies and young children.*

Born To Read
Pilot Sites

Name of Library

- *Okeechobee County Library (Heartland Library Cooperative)*

Library Representative

- *Pat Frisby*

Health Care Partner Agency

- *Healthy Start Coalition*

Representative

- *Vicki Lambert*

Community Partner Agency

- *Friends of the Library*

Representative

- *Marion Davis*

Two or three interesting or unique things about your *Born To Read* project:

1) *Lapsits - one for mothers and babies, one for fathers and babies.*

2) *Participation in an annual baby shower to target 100-150 expectant parents.*

3) *Planning booth which will include brain research learning games to play with infants and toddlers, and Born To Read information.*

Born To Read
Pilot Sites

Name of Library

- *Putnam County Library System*

Library Representative

- *Gracie Thies*

Health Care Partner Agency

- *Putnam County Health Department*

Representative

- *Phyllis Milton*

Community Partner Agency

- *Redlands Christian Migrant Association*

Representative

- *Martha Wright*

Two or three interesting or unique things about your *Born To Read* project:

1) ***This program will target low-income pregnant and parenting teens who receive services through WIC, the County Health Department, or Redlands Christian Migrant Association.***

2) ***Many of the targeted teens will be Spanish-speaking farm worker mothers who are recent immigrants.***

3) ***Our program will use a "total family" approach to introduce both mothers and children to the personal pleasures of reading, and break the family cycle of illiteracy.***

Born To Read
Pilot Sites

Name of Library

- ***Sumter County Public Library System***

Library Representative

- ***Debra S. Rhodes***

Health Care Partner Agency

- ***Thomas E. Langley Medical Center***

Representative

- ***Paula Knight***

Community Partner Agency

- ***Sumter County Health Department***

Representative

- ***Alan Knipp***

Two or three interesting or unique things about your *Born To Read* project:

1) ***Parenting collections of print and non-print materials will be placed in the Sumter County Public Libraries.***

2) ***Parenting teens will be provided free transportation to our teen parenting shows.***

Born To Read
Pilot Sites

Name of Library

- *Tampa Hillsborough County Public Library System*

Library Representative

- *Patrice Koerper*

Health Care Partner Agency

- *Genesis at Health Park, Tampa General Healthcare*

Representative

- *Patricia Ogden*

Community Partner Agency

- *Barnes & Noble Booksellers*

Representative

- *Jim Scilligo*

Two or three interesting or unique things about your *Born To Read* project:

1) *Built on partnership with "Reach Out and Read"*

2) *Interesting and diverse community partners*

3) *Customized handouts*

Born To Read
Pilot Sites

Name of Library

- *Dixie County Library (Three Rivers Regional Library System)*

Library Representative

- *John K. Hadden*

Health Care Partner Agency

- *Dixie County Health Department*

Representative

- *Wendy Reed*

Community Partner Agency

- *Friends of the Dixie County Public Library*

Representative

- *Betty Smith*

Two or three interesting or unique things about your *Born To Read* project:

1) ***Provide incentives for pregnant teens and teenage mothers to receive prenatal and health care services.***

2) ***Provide incentives for introduction and tour of the library and agencies providing literacy training.***

3) ***Purchase library materials including books and videos to assist the participating agencies working with the clients.***

Born To Read
Pilot Sites

Name of Library

- ***Franklin County Library (Wilderness Coast Public Libraries)***

Library Representative

- ***E. Annie Ball***

Health Care Partner Agency

- ***Healthy Start Coalition***

Representative

- ***Marie Marshall***

Community Partner Agency

- ***Franklin County Adult Reading Program***

Representative

- ***Bonnie Segree***

Two or three interesting or unique things about your *Born To Read* project:

1) Part time position slots will be provided throughout the grant period that will focus on life skills training as well as to involve them in pre-school story hours.

2) Parenting discussion groups will be offered utilizing our trained WINGS Coordinators; care coordination for pregnant moms will be made available through Healthy Start Coalition.

3) Tutoring and computer training will be facilitated by Literacy Program tutors.

BORN TO READ INCENTIVES AVAILABLE FROM THE ASSOCIATION FOR LIBRARY SERVICE TO CHILDREN (ALSC)
A DIVISION OF THE AMERICAN LIBRARY ASSOCIATION

ITEM	COST PER UNIT		
	1 - 5	6 - 20	21+
BORN TO READ: HOW TO RAISE A READER. 1996 Recommended materials and tips on how to start your infant or toddler on a lifetime of reading. 50 per package English version, ISBN: 0-8389-7872-X Spanish version, ISBN: 0-8389-7986-6	18.00	16.20	14.40
	1 - 5	**6 - 50**	**51+**
BORN TO READ BABY BAGS teal nylon with 1-color BORN TO READ logo ISBN: 0-8389-7930-0	16.00	14.40	12.80
BORN TO READ MAGNET FRAME white with heart cut out, 2 color BTR logo ISBN: 0-8389-7931-9	1.25	1.13	1.00
BORN TO READ OUTLET SAFETY PLUGS white heart-shaped with 1 color BTR logo (unit cost is for package of 2) ISBN: 0-8389-7932-7	1.00	.90	.80
BORN TO READ MEDICINE SPOONS clear with 1-color BTR logo ISBN: 0-8389-7933-5	1.50	1.35	1.20
BORN TO READ *PRESCRIPTION FOR READING* POST-IT NOTEPADS 2 - 50 sheet pads, 2 color imprint on white ISBN: 0-8389-7981-5	3.95	3.56	3.16

Shipping and handling extra. Charges vary with the amount of the order.

OTHER BORN TO READ ITEMS AVAILABLE THROUGH THE ALA GRAPHICS CATALOG
(Quantity discounts are available on the items below also)

Read and Grow Growth Chart, $10
T-shirts with the BORN TO READ logo in infant and children's sizes, $10
One-piece romper with the BORN TO READ logo in infant and toddler sizes, $15
Baby bib in white terry cloth with vinyl back with BORN TO READ logo, $5
Infant knit cap with the BORN TO READ logo, $5

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TO ORDER, CALL 1-800-545-2433, press 7 (between 8:30 a.m. and 4:30 p.m., Central Time) or Fax your order to 1-312-836-9958. ALA members receive a 10% discount on all items.

Born to Read
Capacity Building Workshop
November 9 and 10, 1998
Participants

Joyce Adams
Born To Read Coordinator
Highlands County Library System
319 W. Center Ave.
Sebring, Florida 33870

Ellie R. Baker
Field Supervisor/Parent Educator
Gadsden Extension Services
2140 West Jefferson Str.
Quincy, Florida 32351

Stephanie Bickis
Newborn Intensive Care Nurse Manager
Tallahassee Memorial Hospital
1300 Miccosukee Road
Tallahassee, Florida 32308

Elaine L. Birkinshaw
Main Library Manager
St. Petersburg Public Library
3745 9th Avenue North
St. Petersburg, Florida 33713

Donna Chapman
Contact Person for Healthy Start
DeSoto County Department of Health
34 South Baldwin Ave.
Arcadia, Florida 34266

Janora R. Crow
Even Start Family Literacy
Even Start Family Literacy
Rt. 17, Box 1766
Lake City, Florida 32055

Marian Davis
President, Friends of the Okeechobee Library
Okeechobee County Library
50 SE 2nd Avenue
Okeechobee, Florida 34972

Lauri De Corte
Early Intervention Program
All Children's Hospital
Box 7470
801 6th Street South
St. Petersburg, Florida 33701-4899

Claudette Downs
Youth Services Coordinator
St. Petersburg Public Library
3745 9th Avenue North
St. Petersburg, Florida 33713

Carolyn Elkins
Youth Services Librarian
LeRoy Collins Leon County Public Library
200 West Park Avenue
Tallahassee, Florida 32301

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Library Assistant II
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Children's Library Assistant
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Senior License Practical Nurse
Putnam County Public Health Unit
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Palatka, Florida 32177

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Sumter County Public Library System
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Sumterville, Florida 33585

Maria Gomez
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Hardee Coutny Adult and Community Education (Even Start)
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Marilyn Graham
Youth Services Coordinator
Lee County Library System
21100 Three Oaks Pkwy.
Estero, Florida 33928

Judith Hennessey
Senior Community Health Nurse
Polk County Heath Department
201 Menlo Park Ave.
Davenport, Florida 33837

Pamela Hogue
Project Librarian
Miami-Dade Public Library
101 West Flagler Str.
Miami, Florida 33130

Maggie Hounshell
Children's Librarin
Gadsden County Library
241 E. Jefferson Street
Quincy, Florida 32351

Karen Kalisz
WIC Nutrition Program Director
Women Infants & Children Supplemental Nutrition Program
2951 Palm Beach Blvd.
Fort Myers, Florida 33916

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Library Director
DeSoto County Library
125 North Hillsborough Ave.
Arcadia, Florida 34266

Vicki Kilroy
Director
Health Start
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Okeechobee, Florida 34973

Patrice Koerper
Public Relations & Partnerships
Tampa-Hillsborough County Public Library System
900 North Ashley Drive
Tampa, Florida 33602

Nancy Sardinas Lambert
Early Childhood Specialist
Hillsborough County Schools
1202 East Palm Avenue
Tampa, Florida 33605

Dee S. Lear
RN
Baptist Hospital
Baptist Hospital
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Miami, Florida 33196

Ginger McClure
Children's Librarian
Highlands County Library
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Sebring, Florida 33870

Caroline McCollum
Vice President/Principal
Lee Adolescent Mothers Program
3650 Michigan Ave., Suite 2
Fort Myers, Florida 33916

Wanda L. McKinney
Branch President
American Association of University Women
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Lake Placid, Florida 33852

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Gadsden County Health Department
P.O. Box 1000
Quincy, Florida 32353

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Library Assistant
Hardee County Public Library
315 N,. 6th Avenue
Suite 114
Wauchula, Florida 33873

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Quincy, Florida 32351

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Healthy Start
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Sebring, Florida 33872

Mary Jo Peltier
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LeRoy Collins Leon County Public Library
200 West Park Avenue
Tallahassee, Florida 32301

Linda Ponds
Social Services Counselor
Columbia County Health Department
249 E. Franklin St.
Lake City, Florida 32055

Robert Quam
Executive Director
Lake Wales Care Center
200 E. Orange Avenue
Lake Wales, Florida 33853

Michele Reedy
Children's Library Assistant
Auburndale Public Library
100 West Bridgers Ave.
Auburndale, Florida 33823

Beverly Schulz
Children's Librarian
Columbia County Public Library
490 N. Columbia Street

Olive Smith Pinnock
RN
Jackson Memorial Hospital
1201 N.W. 78 Ave.
Plantation, Florida 33322

Ann Sokol
Volunteer Coordinator
Continuity Clinic at the USF Pediatric Ambulatory Care Center, Davis Island
11707 Phoenix Circle
Tampa, Florida 33618

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Literacy Coordinator
Putnam County Library System
601 College Road
Palatka, Florida 32177

Susan Todd
Teen Parenting Program
Pinellas County Schools
P.O. Box 2942
Largo, Florida 33779-2942

Martha Wright
Program Coordinator
RCMA
P.O. Box 2214
Palatka, Florida 32178

Born to Read
Capacity Building Workshop
November 9 and 10, 1998
State Library Staff and Guests

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Policy Analyst
Office of Program Policy Analysis and Government Accountability

Robin Blanchard
Senior Clerk
State Library of Florida
R. A. Gray Building
Tallahassee, Florida 32399-0250

Mary Bryant
Special Assistant to the Governor on Children's Issues
Executive Office of the Governor
The Capitol, Room 210
Tallahassee, Florida 32399-0001

Cynthia Chapman
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Capital Area Healthy Start Coalition
2110 South Adams Street, Suite B
Tallahassee, Florida 32301

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Columbia County Public Library

Representative: Beverly Schulz

Health Care Partner Agency: Columbia County Health Department

Representative: Linda Ponds

Community Service Partner Agency: Even Start Program

Representative: Janora Crow

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) The library has a partnership with Altrusa International, Lake City Chapter, and the Friends of the Library, who will support BTR by supplying a new book for every baby born at Shands at Lakshore Hospital.

2) Messages about BTR are aired by Time-Warner on local cable television.

3) BTR targets teen and "at risk" families, and Baby and Me programs are open to the general public.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Gadsden County Public Library

Representative: Maggie Hounshell and Kris Odahowski

Health Care Partner Agency: Gadsden County Health Department

Representative: Cathy Mellinger

Community Service Partner Agency: Gadsden County Extension Services

Representative: Ellie Baker

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) We will continue presenting baby showers at local high schools.

2) We will begin reaching out to the migrant community in our county.

3) Programs will be presented in low income neighborhoods.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Heartland Library Cooperative/DeSoto County Public Library

Representative: Gail (Wendy) Farris

Health Care Partner Agency: Healthy Start

Representative: Donna Chapman

Community Service Partner Agency: DeSoto County Library Association, Inc.

Representative: Elizabeth Kenney

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) This is a complete new cooperative venture that all partners are looking forward to.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Heartland Library Cooperative/Hardee County Public Library

Representative: Amy Myer

Health Care Partner Agency: Healthy Start

Representative:

Community Service Partner Agency: Even Start

Representative: Maria Gomez

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) We will be working with the Teen Parenting class at Hardee High School.

2) In this our second year, we will continue to partner with Healthy Start and Even Start to continue working with the clients we have been working with in the past year.

3)

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Heartland Library Cooperative/Highlands County Public Library

Representative: Ginger McClure and Joyce Adams

Health Care Partner Agency: Healthy Start

Representative: Mary Lou Outlaw

Community Service Partner Agency: American Association of University Women

Representative: Wanda McKinney

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) This project unites four rural counties which cover a large geographic area.

2) Health care agencies in all four counties often are the same or are under the same supervisory organization.

3) Schools in all four counties are willing to participate in our Born to Read project.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Heartland Library Cooperative/Okeechobee County Public Library

Representative: Pat Frisby

Health Care Partner Agency: Healthy Start Coalition

Representative: Vicki Kilroy

Community Service Partner Agency: Friends of the Library

Representative: Marian Davis

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) Combining BTR with Car Seat Safety program - Using the car seats as part of the incentives

2) Volunteer teems will visit WIC and Health Department sites as well as Department of Children and Families sites.

3) Will incorporate the Brighton Indian Reservation into the program

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Lee County Library System

Representative: Marilyn L. Graham

Health Care Partner Agency: WIC - Women, Infants, & Children Supplemental Nutrition Program

Representative: Karen Kalisz

Community Service Partner Agency: Delta Sigma Theta and the Lee County School District

Representative: Caroline McCollum

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) Project will include field trips for teen mothers from LAMP school to the library.

2) Deposit collections of board books and parenting materials will be available in WIC clinics.

3) Two partner agencies are represented by one person at this workshop. Caroline McCollum represents her service sorority, Delta Sigma Theta, and the Lee County School District.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: LeRoy Collins Leon County Library

Representative: Mary Jo Peltier and Carolyn Elkins

Health Care Partner Agency: Tallahassee Memorial Hospital

Representative: Stephanie Bickis

Community Service Partner Agency: Literacy Volunteers of Leon County

Representative

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) Target audience is mothers and caregivers of babies admitted to newborn intensive care unit at TMH. This is the first time a program of this type has been implemented in the TMH Newborn ICU.

2) Library staff will train nursing staff who will then work one-on-one with the new mothers.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Miami Dade Public Library System

Representative: Pamela Hogue

Health Care Partner Agency: Baptist Health South

Representative: Dee Lear

Community Service Partner Agency: Jackson Memorial Hospital

Representative: Olive Smith Pinnock

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) This is the first time that the Miami Dade Public Library System will form a partnership with Baptist Health South and Jackson Memorial Hospital.

2) The partnership will produce a video containing information about the emotional and physical developmental stages in a baby's first year of life and the importance of parent-child interaction. The video will be in three languages - English, Spanish, and Creole - and will be viewed by new mothers at both hospitals.

3) New mothers will receive a bag with a baby developmental calendar and a library card application along with a brochure detailing the BTR program.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Pinellas Public Library Cooperative/St. Petersburg Public Library

Representative: Elaine L. Birkinshaw and Claudette Downs

Health Care Partner Agency: Early Intervention Program, All Children's Hospital

Representative: Lauri DeCorte

Community Service Partner Agency: Pinellas County Schools, Drop Out Prevention

Representative: Susan Todd

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) Unique combination of agencies which includes Pinellas County Schools Drop Out Prevention, American Red Cross, and several health care agencies.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Polk County Library Cooperative/Auberndale Public Library

Representative: Michele Reedy

Health Care Partner Agency: Polk County Health Department

Representative: Faith Hennessey

Community Service Partner Agency: Lake Wales Care Center

Representative: Robert Quam

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) Teen moms from new parent classes at two high schools will be invited on field trips to the public library for a coffee, tour, and programs. The babies will also come along on the bus.

2) A video of the parent and new baby will be offered as an incentive to bring new parents into the library.

3) Mall displays are planned to encourage young parents to visit libraries. Coupons will be given at mall to be redeemed at the library for a book.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Putnam County Library System

Representative: Gracie Thies

Health Care Partner Agency: Putnam County Public Health Unit

Representative: Linda Gahagen

Community Service Partner Agency: Redlands Christian Migrant Association

Representative: Martha Wright

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) We will distribute a newsletter to participants. It will be one to two pages of tips, stories, and local reading times.

2) We will work with the Teen Parent Center that has 59 enrolled mothers and 77 enrolled children - babies to preschoolers. They are in a building that is across town from the regular school.

3) We will continue to emphasize enrollment at the health department when parents bring children for their immunizations and WIC visits.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Sumter County Public Library System

Representative: Debra Rhodes Gibson

Health Care Partner Agency: Thomas Langley Medial Center

Representative: Paula Knight

Community Service Partner Agency

Representative

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) Expand project to include all expectant mothers, due to low parenting skills and low literacy levels in Sumter County.

2) Continue to work with the county transit system to offer free rides to women showing a SCPLS library card.

Born To Read
Participant Information Sheet
1998/99 Sites

Name of Library: Tampa-Hillsborough County Public Library System

Representative: Patrice Koerper

Health Care Partner Agency: Continuity Clinic at the USF Pediatric Ambulatory Care Center, Davis Island

Representative: Ann Sokol

Community Service Partner Agency: Hillsborough County Schools

Representative: Nancy Sardinas Lambert

Two or three interesting or unique things about your *1998/99 Born To Read* project:

1) We have a new partner - The Volunteer teen parent program in the Hillsborough County Public School System.

2) We will be working with a clinic in Ruskin to target a group which has been identified as high-risk and extremely non-responsive group of teen mothers-to be.

3) We will have a regular, biweekly presence in facilities that we are currently working with. We will be offering library card registration and library information for target clients and general clinic customers in addition to special programs.

Born to Read
Capacity Building Workshop
November 9 and 10, 1998
Presenters

Wil Blechman, MD
Project Director
Lawton & Rhea Chiles Center for
Healthy Mothers and Babies
5250 SW 84th Street
Miami, Florida

Marian Deeney
Library Program Specialist
State Library of Florida
A. Gray Building
Tallahassee, Florida 32399-0250

Carole D. Fiore
Library Program Specialist
State Library of Florida
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Josh Hall
Telephone Counseling and Referral
Service
P. O. Box 10950
Tallahassee, Florida 32302-2950

Kary Kublin
Project Assistant
First Words Project
Department of Communication
Disorders
107 RRC
Florida State University
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Sondra Taylor-Furbee
Library Program Specialist
State Library of Florida
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Amy Wetherby, Ph.D.
Project Director
First Words Project
Department of Communication
Disorders
Florida State University
Tallahassee, Florida 32306-2007

Library Services and Technology Act

MID-YEAR REPORT

Report Due Date: April 1

Florida Department of State
Secretary of State

Division of Library and Information Services
R. A. Gray Building
500 South Bronough Street
Tallahassee, Florida 32399-0250

DLIS/LSTA03
Effective_____

LIBRARY SERVICES AND TECHNOLOGY ACT

MID-YEAR REPORT
FFY _____

Library/Organization _____

Address _____ City _____ Zip _____

Phone (_____)_____ SUNCOM _____

Project Name _____

Project Number _____ Grant Award $_____

I. NARRATIVE.

Attach a narrative status report of project accomplishments to date. Describe the extent to which the project has met its goals and which objectives have been accomplished and how. Indicate any mid-course corrections that will be needed to keep the project on track.

II. EXPENDITURES

Use the attached "Expenditures " page to provide a status report of project expenditures to date detailed by category and source of funds.

I certify that all of the information contained herein is correct to the best of my knowledge.

_____ _____

Signature of Library Director Date

_____

Typed Name of Library Director

DLIS/LSTA03

Library/Organization _____
Project I.D. Number _____
Grant Award $_____

II. EXPENDITURES

A. SALARIES & BENEFITS (All salaries paid from both federal and local sources)		LSCA	LOCAL/STATE MATCH	UNEXPENDED
POSITION TITLE	F.T.E.			
_____	_____	$ _____	$ _____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
_____	_____	_____	_____	
TOTAL SALARIES.....		$ _____	$ _____	$ _____
B. CONTRACTUAL SERVICES (List each vendor)				
_____		$ _____	$ _____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
TOTAL CONTRACTUAL SERVICES.....		$ _____	$ _____	$ _____
C. LIBRARY MATERIALS		$ _____	$ _____	$ _____
D. SUPPLIES		$ _____	$ _____	$ _____
E. TRAVEL		$ _____	$ _____	$ _____
F. EQUIPMENT (Specify)				
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
TOTAL EQUIPMENT		$ _____	+ $ _____	= $ _____
G. OTHER (Specify)				
_____		$ _____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
_____		_____	_____	
TOTAL OTHER.....		$ _____	+ $ _____	= $ _____
H. TOTAL A-G		$ _____	+ $ _____	= $ _____

Florida Department of State
Division of Library and Information Services
Library Services and Technology Act
Grant Funded Projects - 1998/99
Born to Read

Materials provided to each site
One of each unless otherwise noted

Bernhard, Emery and Durga Bernhahrd. *A Ride on Mother's Back: A Day of Baby Carrying Around the World.* Harcourt Brace & Company. (2 copies)

Born to Read bib in English

Born to Read brass and enamel bookmarks - 3

Born to Read diaper bag

Born to Read grow chart - 10

Born to Read infant T-shirt in English

Born to Read medicine spoon

Born to Read outlet cover - set of two

Born to Read picture frame magnet

Born to Read Post-it® prescription note pads (10 pads)

Born to Read sleeper with snap bottom in English

Born to Read/How to Raise a Reader brochure in English - one pack of 50

Born to Read/How to Raise a Reader brochure in Spanish - one pack of 50

Born to Read: How to Nurture a Baby's Love of Learning. Training Manual and Video. American Library Association

Born to Succeed ™: An Early Literacy Message from Young Parents. Early Childhood Resources, Multhnomah County Library

Fiore, Carole D. with Sue McCleaf Nespeca. *Programming for Young Children Birth through Age Five.* ALA

Food for Thought. Video. Health Partners

Hill, Eric. *Where's Spot.* Putnam

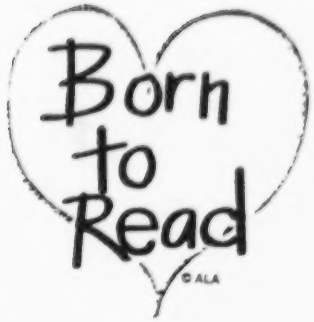
Hoban, Tana. *Black on White.* Greenwillow

Hudson, Cheryl Willis and Bernette G. Ford. *Bright Eyes, Brown Skin.* Just Us Books

I Am Your Child: The First Years Last Forever. Video.. Reiner Foundation

La Llave Del Exito: Born to Succeed ™. Early Childhood Resources, Multhnomah County Library

"Ooooh, Baby, What a Brain" and "Building Blocks for Literacy: What Current Research Shows." Reprint of articles form *School Library Journal,* July, 1997.



BORN TO READ
OVERVIEW

Born to Read

How to Nurture a Baby's Love of Reading

Born to Read

- **Purpose**
  - *To empower parents to be the child's first teacher*
- **Goal**
  - *Parents successfully raising physically, mentally, and emotionally healthy children*

Why Born to Read Is Needed

- 25% of families with children under 3 years of age live in poverty
- 25% of pregnant women ***do not*** receive the recommended level of prenatal care
- Over 1/3 of American kindergarten children arrive unprepared for school
- Children who are read to develop language, social skills, and confidence that enable them to do better in school

Florida's Needs

- High teen birth rate
  - Florida ranks 37 with a teen birth rate of 42 per 1,000 females
- High percent of children living in poverty
  - 25% of Florida's children live in poverty
  - Florida ranks 43 in the nation
- 6.9% of the total population is 0-4
- Approximately 190,000 births annually

Our County's Needs

- % of elementary school poverty student enrollment
- Births to teenagers (under 20) 1994
- 0-4 % of 1995 total population

Fill in the statistics for your area and other needs that you feel are important

Successful Programs Include

- Commitments from Partners
  - Health Care
  - Community Service
  - Businesses
- Planning -- Including a shared vision
- Publicity
- Training
- Incentives
- Evaluation

Partner Responsibilities

Library Partner

- Has overall responsibility for all aspects of *Born To Read,* including planning and budget oversight
- Works with other partners in designing, developing, and implementing local program
- Makes sure the participants enjoy *Born To Read* program as well as benefit from its content

Partner Responsibilities

Health Care Partner

- Provides expertise in discussing health issues with expectant parents
- Answers health related and parenting questions
- Refers participants to appropriate source or place to get needed info.
- Understands *BTR* goals, has good organizational skills, flexibility, ability to handle unforeseen situations, and has good people skills

Partner Responsibilities

Community Service & Business Partners

Individuals, services organizations, or businesses that provide assistance and or expertise in these and other areas:

- Public relations
- Soliciting and/or donating materials
- Fund raising
- Volunteer staff and personnel

1997/98 LSTA Program

- Targeted counties with the greatest need
  - counties where 50% or more students live in poverty
  - births to teens
  - # of 0-4 year olds % of total
- 10 pilot sites
- Training for all partners
- Sample materials
- $6,250 to library for materials

1997-1998
Born To
Read Sites
Bartow

Born to Read

How to Nurture a Baby's Love of Reading

BORN TO READ GRANT LIBRARIES
1997-1998

Bartow Public Library
315 East Parker Street
Bartow, FL 33830

Contact: Linda Chancey, Library Director
Phone: 941-534-0131

The Bartow Public Library will work in conjunction with Columbia Bartow Hospital, Rotary Club of Bartow, and Friends of the Bartow Public Library to implement their project. Library staff and volunteers will visit Health Promotions programs, the Children's Home Society, Peace River Center, Polk County schools serving new parents, and other appropriate sites where they will explain and demonstrate the importance of reading to infants and small children. Information packets and *Born to Read* kits will be distributed to new teen parents, and a new toddler story time program for children 12 to 36 months will be offered at the library. These new library services will be promoted in all county newspapers, on the radio, through all municipal libraries in the county, and through the Bartow Public Library's world wide web home page.

Columbia County Public Library
490 North Columbia Street
Lake City, FL 32055

Contact: Faye Roberts, Library Director
Phone: 904-758-2101

The Columbia County Public Library will join the county Health Department and the Columbia Literacy Council to provide prenatal education for teen parents. This education will cover physical health and child development and will include information on the importance of reading to babies and young children. Friends of the Columbia County Public Library will provide support and the Suwannee Valley Transit Authority will provide low cost transportation for program participants.

Dixie County Public Library
(Three Rivers Regional Library System)
P.O. Box 1340
Mayo, FL 32066

Contact: John Hadden, Library Cooperative Director
Phone: 904-294-3858

Working with the Dixie County Public Library and the Friends of the Dixie County Public Library, the Dixie County Health Department will incorporate the *Born to Read* program into its screening for pregnant teenagers. The Library will purchase materials on prenatal and infant health, nutrition, literacy, and child development. Each teen parent who successfully completes the Health Department screening, an orientation to literacy services, and a scheduled tour of the library will receive a "Read and Grow" poster featuring Big Bird, a subscription to *Parent's Magazine*, a *Born to Read* diaper bag filled with books and materials that will help raise a healthy child, and information about services offered by the partner agencies.

Franklin County Public Library
(Wilderness Coast Public Libraries)
P.O. Box 722
Eastpoint, FL 32328

Contact: Eileen Annie Ball, Library Director
Phone: 850-670-8151

Building on the success of their award winning youth program, WINGS, the Franklin County Library will work closely with the Franklin County Adult Reading Program and the Health Start Coalition. Together they will provide tutoring, care coordination for young mothers, and group parent training sessions will be conducted. Books and related materials will be provided that will encourage parents to read to their children. The partners will provide a wide range of activities for the teen parents that will raise self esteem, confidence, and enhance their ability at performing a variety of life skills. A unique aspect of this project is proving part-time employment to a few at-risk teen parents or parents-to-be.

Gadsden County Public Library
341 East Jefferson Street
Quincy, FL 32351

Contact: Jane Mock, Library Director
Phone: 850-627-7106

The Gadsden County Public Library, in partnership with the Gadsden County Health Department and the Gadsden County Extension Service, will provide programs for near-term teen mothers-to-be at libraries, health clinics, and extension service sites throughout the county. Many of the programs will take the form of "baby showers" where the teen parents will get information needed for a healthy pregnancy. They will also receive *Born to Read* diaper bags and bibs, board books, and other items that will promote family involvement reading and literacy activities.

Hardee County Library
(Heartland Library Cooperative)
315 North Sixth Avenue
Suite 114
Wauchula, Florida 33873-2361

Contact: Donald Obrakta, Library Director
Phone: 941-773-6438

Health Start, Even Start, South Florida Community College Hardee Center, and the Hardee Association of Retarded Citizens, Inc., will work with the Hardee County Public Library to promote prenatal care. "Baby Basic Classes" will be held at the library where, in addition to learning about child care, infant CPR, and how to read to their children, teen parents will learn how to use Internet resources to answer their parenting questions.

Okeechobee County Library
(Heartland Library Cooperative)
50 Southeast 2nd Avenue
Okeechobee, FL 34972

Contact: Ed Kilroy, Library Director
Phone: 941-763-3536

The Okeechobee County Library, Okeechobee County Family Health/Healthy Start Coalition, and the Friends of the Okeechobee County Library will work together to identify at-risk pregnant teens and first-time parents. A *Born to Read* component where the importance of reading to infants from birth will be added to the prenatal and parenting education already offered through Healthy Start. Mothers and fathers will be trained in the use of the public library and its resources, and will learn how to stimulate language development in their infants/toddlers. Information on other areas of parenting, child heath, safety, and child development will be provided. The Library will hold "lapsit" programs for new parents and their infants.

Putnam County Library System
601 College Road
Palatka, FL 32177

Contact: Grace Thies, Literacy Coordinator
Phone: 904-329-0126

The *Born to Read* program in Putnam County will target low-income pregnant and parenting teens, and will teach them the importance of reading to their babies. *Born to Read* volunteers will demonstrate reading for parents at story times at the Putnam County Health Department and the Redlands Christian Migrant Association (RCMA), partners in this project. A *Born to Read* home visiting program will serve rural families who lack transportation and find it difficult to access library services. Because many RCMA clients are Hispanic farm worker families, Spanish language materials will be integrated into the project.

Sumter County Public Library System
1405 County Road 526A
Sumterville, FL 33585

Contact: Debra Rhodes, Library Director
Phone: 352-568-3456

Collaborating with the Sumter County Health Department and the Thomas E. Langley Medical Center, the Sumter County Public Library System will provide teenage parents *Born to Read* packets, encouraging the use of books and other library resources to promote the health and well being of their young children. Monthly parenting workshop and toddler storytimes will be held at well baby clinics at Health Department sites in Bushnell and Wildwood and the Langley Medial Center in Sumterville.

Tampa-Hillsborough County Public Library
900 North Ashley Drive
Tampa, FL 33602

Contact: Patrice Koerper, Public Relations and Partnerships Coordinator
Phone: 813-276-2164

Building on the "Reach Out and Read" program that was established at Boston City Hospital in 1989, the Tampa-Hillsborough County Public Library project will take place at the Tampa General Hospital's Genesis Health Care Facility, a prenatal center, and the U. S. F. Pediatric Ambulatory Care Center's Continuity Clinic. The project will incorporate parent education about literacy development and book sharing with infants and toddlers into the prenatal health care and the pediatric care children receive between birth and two years of age. Community volunteers at the U. S. F. Clinic will read stories to children in the waiting room, giving the children direct experience of children's literature and modeling reading techniques for their parents and caregivers. A "reading prescription" will be issued at the end of every child's office visit to encourage parent-child interaction at home. "First Book – Tampa Bay" will assist in the purchase of age-appropriate books to be given to the infants/toddlers participating in this program.

Florida Department of State
Division of Library and Information Services
Library Services and Technology Act
Grant Funded Projects - 1998/99
Born to Read

Columbia County Public Library

Born to Read

Contact: Faye C. Roberts, Library Director
490 N. Columbia Street, Lake City, FL 32055
Phone: 904/758-1018
Fax: 904/758-2135
E-Mail: froberts@neflin.org

Grant Award: $8,087

Grant funds will be expended to expand the present Born to Read program conducted in partnership with the Columbia County Health Department and Suwannee Valley Community Coordinated Child Care, Inc. to include local pediatricians and social service agencies. A board book will be provided to each newborn delivered at Shands at Lake Shore Hospital through support from Altrusa International of Lake City and the Friends of the Columbia County Public Library. Other grant activities include providing incentive gifts to promote the importance of reading to babies and young children, contacting at-risk parents at public health facilities and other sites, and providing deposit collections of books for children and parents. A key element of the project will be the use of "stamp cards" to reward parents who complete activities related to reading to their children.

Gadsden County Public Library

Gadsden Born to Read

Contact: Jane Mock, Library Director
341 E. Jefferson Street, Quincy, FL 32351
Phone: 850/627-7106
Fax: 850/875-8655
E-Mail:

Grant Award: $6,805

This second year grant will target teen mothers-to be and new mothers with children under age one. The project will introduce the mothers to the library and the importance of reading and interacting with their very young children. The library will partner with the Health Department and the Extension Service to give "baby showers" were these agencies will give books and other baby supplies to and talk with the moms about the library, reading and interacting with their children, prenatal health, parenting, and other appropriate subjects.

BEST COPY AVAILABLE

Heartland Library Cooperative

Born to Read
Grant Award: $52,215

Contact: Mary Myers, Library Director
319 W. Center Avenue, Sebring, FL 338679
Phone: 941/386-
Fax: 941/386-6719
E-Mail: mmyers@heartland.lib.fl.us

This project will include the four counties that are members of the Heartland Library Cooperative: DeSoto, Hardee, Highlands, and Okeechobee Counties. This Born to Read project will enhance present services and encourage new ones. All four member library systems have formed partnerships with the Healthy Start Coalition and local community groups to provide early child development education, and introduction qt library resources and services, and programs in and out of the library for parents and their children under three years of age. The target group will be the at-risk expectant teens and teen parents with at-risk children from zero to three. Of the estimated 493 teens who give birth annually in this area, this project will reach more than 40%.

Lee County Library System

Born to Read
Grant Award: $35,751

Contact: Marilyn Graham, Youth Services Coordinator
21100 Three Oaks Parkway, Estero, FL 33928
Phone: 941/498-6420
Fax: 941/498-6424
E-Mail: mgraham@peganet.com

The Lee County Library System will, through a partnership with WIC (Women, Infants, and Children Supplemental Nutrition Program) and Delta Sigma Theta national service sorority, help at-risk teen parents, expectant teen parents, and low-income families learn about the importance of reading aloud to their infants to greatly enhance their readiness for school. Workshops arranged by the library system will be presented to teen mothers and at-risk low income families through school district sponsored and related programs such as LAMP (Lee Adolescent Mother's Program), Even Start, and First Start. Field trips to public libraries for tours and lapsit storytime programs will also be provided to these groups. Born to Read program participants who visit the public library will receive Born to Read kids, including booklists, library card applications, baby bibs, and other promotional items which will serve as daily reminders of the importance of reading in their lives and the lives of their children.

Leroy Collins Leon County Public Library
Contact: Mary Jo Peltier, Youth Services Coordinator
200 West Park Avenue, Tallahassee, FL 32301
Phone: 850/487-2665
E-Mail: peltier@mail.co.leon.fl.us

Born to Read
Grant Award: $25,045

Fax: 850/922-6237

This Born to Read program will be a joint venture between the LeRoy Collins Leon County Public Library and the Tallahassee Memorial Regional Medical Center newborn intensive care unit. Additional support will be provided by the Literacy Volunteers of Leon County. The purpose of this program is to reach parents of infants in the newborn intensive care unit and provide information, guidance, and materials that will help the parents understand the importance of reading to their baby. The first months of an infant's life - especially that time in the hospital for these at-risk children - it is critical to reach the parents with the Born to Read message. Current brain research indicates that brain development is much more vulnerable to environmental influences that previously realized. In addition, the influence of activities such as reading aloud to infants on brain development is long-lasting, impacting the baby's intellectual development for the rest of his or her life. Library staff will provide ongoing, intensive training for the nursing staff and volunteers on how to reach to children (especially infants), and how to select developmentally appropriate books and materials. The nursing staff and volunteers will in turn work directly with the families to education them to the importance of reading and will model appropriate reading behaviors. Funds received from this grant will be used to purchase promotional items such as books, Born to Read T-shirts, and book bags. Funds will also be used to set up deposit collections at the hospital and the Ronald McDonald house to make children's books and parenting materials available to program participants.

Miami-Dade Public Library System

Born to Read

Contact: Pamela Hogue, Project Librarian
101 W. Flagler Street, Miami, FL 33130
Phone: 305/375-5183
E-Mail: hoguep@mail.seflin.org

Grant Award: $65,269

Fax: 305/372-6387

The Miami-Dade Born to Read Project is a partnership between the library, two major hospitals, and several community service organizations. The goal of the Born to Read Project is to create for parents and their babies through positive language experiences that promote reading readiness and the foundation for life-long library use. New mothers at Jackson Memorial Hospital and the Mother and Baby Units at Baptist Health South will view a locally produced video containing information about the emotional and physical developmental stages in a baby's first year of life and the importance of parent-child interaction. This video will contain the latest brain research on emergent literacy. Families will receive a bag with a baby developmental calendar and a library card application. Monthly storytimes by librarians at community health clinics will further encourage and nurture a love of reading. With the help of community volunteers, parents in the waiting rooms of community health centers will be exposed to the joys of reading. Ten community health centers will receive "Book Nooks," special collections of paperback picture books, toddler, and baby books for parents to use while they wait for health care.

Pinellas Public Library Cooperative, Inc./St. Petersburg Public Library System

Baby Steps: Growing Readers One Step at a Time

Contact: Claudette Downs, Youth Services Coordinator
3745 Ninth Avenue, St. Petersburg, FL 33713
Phone: 727/893-7085
E-Mail:

Grant Award: $41,941

Fax: 727/892-5432

The St. Petersburg Public Library, a member of the Pinellas Public Library Cooperative, will play a leadership role in bringing other child serving agencies together to serve teenage parents. Through prenatal programs, well baby visits, the teenage parent curriculum and lapsit storytimes, the Johnnie Ruth Clarke Health Center, Health Start, All Children's Hospital will work together with the library to reduce the cycle of illiteracy in the at-risk population and to create a love of reading for a new generation.

Polk County Library Cooperative

Born to Read in Polk County

Contact: Gladys Roberts, Coordinator
2150 S. Broadway, Bartow, FL 33830
Phone: 941/534-0131
E-Mail: robertg@snoopy.tblc.lib.fl.us

Grant Award: $30,000

Fax: 941/534-0913

The Born to Read Polk County Project is designed to reach out into all five county health clinics and birthing classes to empower young parents to be their child's first teacher and to education young parents about the importance of good prenatal care and good well baby care for their infants. In addition to placing board books and videos in the health clinics, the program will enlist the aid of volunteer readers to visit the clinics to read to waiting families with small children. The program will also reach into the two county new parent high school programs using the Born to Read curriculum to teach teen parents the importance of reading aloud to babies and provide them with skills to select age appropriate materials. The new teen parents will be encouraged to visit their local public libraries to receive incentive gifts such as books, diaper bags, bibs, etc. To receive these gifts, teen parents who participate in outreach programs will receive coupons that can be redeemed on their next visit to a participating library. Five member libraries will be participating in Born to Read this year and will be expanding their parenting collections (including videos on child care) and enhancing their board book collections. The Born to Read Polk County team will involve the Polk County Health Department, the Care Center of Lake Wales and their social service agencies, and fourteen public libraries throughout the county.

Putnam County Library System

Born to Read

Contact: Gracie Thies, Literacy Coordinator
601 College Road, Palatka, FL 32177
Phone: 904/329-0126
E-Mail:

Grant Award: $5,243

Fax: 904/329-1240

The purpose of this project if to encourage low income mothers to read to their newborn and young children. This will be accomplished through partnerships with the Putnam County Health Department and the Redlands Christian Migrant Association (RCMA). Service will be delivered through screened, trained volunteers working in groups and one-on-one with the participants. Various incentives will be offered to encourage participation. Incentives will include age and developmentally appropriate books. Sessions with parents and parents-to-be will not only emphasize reading but also parenting skills, coping skills, and other activities designed to foster improved home life for both babies and parents.

Sumter County Public Library System

"Diaper Talk" or Born to Read, Year 2

Contact: Debra Rhodes Gibson, Library Coordinator
1405 County Road 526-A, Sumterville, FL 33585
Phone: 352-568-3456
Fax: 352/568-3481
E-Mail: drhodes@cflc.net

Grant Award: $10,170

This second year Born to Read project offers Sumter County teenage parents an alternative to raising another generation of non-readers or non-library users by encouraging all parents and caregivers to read, talk, and sing to their infants. The program will also encourage parents to work with their toddlers to develop a love or reading and higher language skills. Local health care partners will distribute brochures and Born to Read incentives to teen mothers at their prenatal clinic appointments. Volunteers will present monthly lapsit programs at the clinics, emphasizing the benefits of reading to infants and toddlers. New and updated parenting and health resources in various formats will be added to local library collections. A Born to Read reunion will be held during the summer of 1999 for babies and mothers who participated in the first year project.

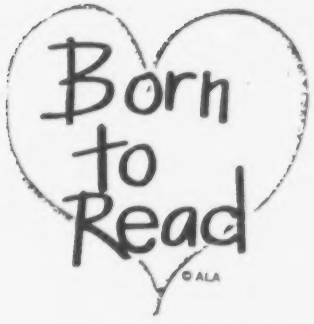
Tampa-Hillsborough County Public Library System

Born to Read

Contact: Patrice Koerper, Public Relations and Partnerships
900 North Ashley Street, Tampa, FL 33602
Phone: 813-276-2164
Fax: 813: 272-6430
E-Mail: koerperp@scfn.thpl.lib.fl.us

Grant Award: $14,403

The Tampa-Hillsborough County Public Library System's Born to Read program focuses on providing more than one thousand at-risk teen parents and other mothers-to-be with information on the importance of sharing pre-reading and emergent literacy experiences and activities with their babies. The project also focuses on providing these parents with the skills and knowledge for them to be their child's first teacher. The program further aims to provide them with exposure to the necessary skills and to provide books that are age and developmentally appropriate. These goals are to be accomplished by partnering with four local health care/parent education providers. Much of this program is provided in outreach locations and provides incentives and information designed to motivate participants most in need of the services that Born to Read offers. The implementation of this program will address the fundamental need to encourage stimulating interaction between children and their parents or caregivers for the optimal development of the child.



BRAIN
RESEARCH

"Two of the most surprising and profound discoveries" by researchers " are that the brain uses the outside world to shape itself and that it goes through crucial periods in which brain cells must have certain kinds of stimulation to develop such powers as vision, language, smell, muscle control, and reasoning." (Kotulak, Ronald, Inside the Brain, Andrews and McMeel, 1996.) Equally powerful is the confirmation of nurturing as the basis for developing the brain's centers for emotion and the need to enhance not only cognitive intelligence, but emotional intelligence as well. There is recognition that the brain at birth is remarkably *undeveloped*. While we are born with all of our brain cells, these cells are only at the beginning stages of connecting. Trillions of these connections occur as the brain develops during the first few years of life. These connections, known as synapses, form functional networks within the brain, networks that define the child and the adult to follow.

The way the brain develops, and the capabilities of the mature individual, hinge not only on an individual's genetic endowment, but also on the impact of experience and environment, including the quality of relationships with parents and other caregivers. (Carnegie Task Force on Meeting the Needs of Our Youngest Children)

Optimally, the end result of any pregnancy is a healthy child, one who is ready to learn upon school entry, able to learn in the school setting, and prepared after graduation to enter society as a productive citizen. Too many children do not fit this optimum standard, which is both an individual and societal tragedy.

YOU CAN'T MAKE A SILK PURSE OUT OF A SOW'S EAR

We will need the youth of today to earn enough to pay the taxes that will run our government and to pay into social security and medicare. These children are the human capital we will one day tap to run the factories and businesses of tomorrow, to become the workforce and civic activists that will allow America to prosper as a nation. Too many of our youth are not able to serve these needs. In far too many instances, we are seeing youth and adults who simply can't make it, because their brains have organized abnormally during their earliest years. Research also shows that "early life experiences have disproportionate importance in organizing the mature brain." (Perry, Bruce D., Incubated in Terror: Neurodevelopmental Factors in the 'Cycle of Violence', Children, Youth and Violence: Searching for Solutions, The Guilford Press, 1995.)

Business people know that they cannot build a quality product, if they begin with damaged raw materials. How then will we be able to maintain a quality society, when we have numbers of individuals with brains which will never reach their potential or which may actively direct their owners into criminal or other antisocial behavior?

ZERO TO THREE---CRITICAL YEARS IN BRAIN DEVELOPMENT

As the brain matures in the first decade of life, it builds, retains and reinforces those connections that are repeatedly used, and eliminates those that are not. In this way, excess synapses are

"pruned" --- a process of refinement that results from experience and therefore proceeds differently for every individual. In other words, the brain "learns." This fine-tuning is particularly intense in the first three years of life. Neuroscientists believe that the considerable changes in the number and density of synapses in the brain, especially in the cerebral cortex, are the foundation for the mastery of basic skills and the formation of intellectual capacities. From age four to ten, the child will absorb knowledge at a more rapid rate than at any other time in life, but even this can be enhanced or lessened, depending in part upon the foundation of brain connections built during the first three years. Development and change continue throughout childhood and later life, but at a steadily decreasing rate. Again this later development is affected by the quality of the foundation established during the first three years.

Scientists are also building a bridge between biology and psychology by studying the dynamics of early attachment of the newborn and infant to the mother or other primary caregivers and how inadequate nurturing or early separation, with their respective impact upon the brain's synaptic development, may relate to vulnerability to later stress in life. The implications are profound. Children's early experiences don't just affect their mood or emotional responses, they actually alter the way the brain is "wired." The kind of nurturing children receive very early in life does not just affect their disposition; it appears to affect their emotional resilience and ability to form relationships and to empathize with others later in life. Moreover, early experiences do not only affect the brain, they affect all of the systems that are mediated by the brain.

The quality of the parent-child attachment in the early years also affects the regulation of the infant's central nervous system in ways that produce different long-range outcomes. For example, when early attachment is absent or severely compromised, children may fail to develop fully the biological systems that allow and regulate the expression of emotion. The ability to trust may be permanently impaired. Depression or anti-social acts are just two of the possible results.

RISK VERSUS OPPORTUNITY

In short, the early years of life are rife with risk and opportunity. When parents are chronically unable to properly respond to their babies' and toddlers signals --- due to misconceptions about what young children need, or due to a parents' illness, depression, substance abuse, or intense stress --- the damage may be difficult to remedy later in life. On the other hand, when children form strong, trusting attachments to caregivers in the early years, and when they receive sensitive care and appropriate stimulation, they can develop capacities that will hold them in good stead later in life, enabling them to bounce back from the stress and trauma that life brings. (Healthy Steps Training Manual) The importance of the parent/caregiver role during this period of in which the foundations of learning, development of self-image, emotions and behavior are developing cannot be over-estimated.

sustained intervention for poor children and youth, beginning with prenatal care; higher quality infant and child care and universal pre-school programs for disadvantaged three- and four-year-olds; parent education and support, and broad community collaborations to address the social and health problems of children so that teachers in the classroom can focus on learning."

"We learned," said Mr. Hurwitz, "that it is critical to ensure that children have adequate nutrition, health care, emotional nurturing, and intellectual stimulation from the very beginning of their lives in order to start formal schooling 'ready to learn.'" During a discussion on the new welfare law, the Personal Responsibility and Work Opportunity Act, Mr. Hurwitz noted, "We know that quality infant and toddler care is essential for improving the later learning success of poor children. New research on brain development clearly demonstrates what can happen if children under the age of three are deprived of emotional nurturing and intellectual stimulation. Yet, the new child care law provides few incentives for states to increase the quality of care for these most vulnerable children...."

Finally, Mr. Hurwitz outlined six principles that CED's Trustees feel should guide policy makers to ensure that social safety net, education and employment policies promote improved child development and education and increase the stability of their families. The first of these guidelines focuses primarily on events affecting the 0-3 age level and which have effects on brain development.

WHAT NOW?

We must see to it that makers of policy and drafters of legislation recognize the importance of brain development in childhood, particularly the first few years, and allow them to see that there is support for them politically if they will put the child, particularly the infant and toddler, and its family into a true priority status. Rhetoric without action is a fraud upon this state and this nation.

ONE CANNOT STEP TWICE INTO THE SAME RIVER

During the recent Florida legislative session, in spite of intense interest, no legislation was passed to enhance the likelihood of young children being ready for school. A comment by one legislator was, "...there's always next year." (To pass such legislation) A year in the life of a preschooler, however, is a year of remarkable change, especially in the brain. Development and maturation are occurring steadily and will not wait for "next year." One can only speculate as to the numbers of our children, especially those in families living with recognized risk factors, who will suffer permanent deficits in some of their capabilities as adults resulting from this type of attitude. In that one year, we have missed opportunities to appropriately support a child's brain development, which may never again be possible, for that brain is not the same as it would have been a year earlier.

We must encourage the concept of prevention and early intervention, rather than allow the continuing excuse that the money is needed for things that are happening now --- meanwhile watching problems continue to build faster than we as a society will ever be able to handle them, with still greater costs and decreased chances for success in solving these problems.

THE HUMPTY-DUMPTY FACTOR

Thanks to the Florida State University Center for Prevention and Early Intervention Policy and the Florida Developmental Disabilities Council, we also have statistical evidence showing estimated or proven cost-benefit ratios for interventions which can protect the brain or enhance future intellectual functioning, emotional or physical health. (*Order booklet, "Florida's Children: Their Future Is in Our Hands." - 1997 Update by contacting the Council at 820 E. Park Avenue, Ste. I-100, Tallahassee, FL 32301*)

Remediation is an expensive way of trying to put Humpty-Dumpty back together again. All the king's horses and all the king's men couldn't put Humpty-Dumpty together again; all too often, no matter how much we spend, we obtain less than adequate outcomes. Far better to have prevented the problems in the first place.

To those who question the value of preventive programs, one need only point to Healthy Start and immunizations as programs that work, as well as the Perry Preschool Project and other quality preschool programs; removing lead from gasoline; WIC (Women, Infants and Children); High Risk OB Satellite Clinics; prenatal care; infant and child seat belts; bicycle helmets, and the Florida Healthy Kids Corporation, among others.

SOME SPECIFIC COST BENEFIT RATIOS	Investment	Savings
FAMILY PLANNING	$ 1.00	$ 6 - 13
QUALITY PRESCHOOL	1.00	7.16
HOME VISITS IN HIGH RISK PREGNANCY	1.00	5.63
MEASLES IMMUNIZATION	1:00	29.00

However, until we are able and willing to accurately assess, instead of ignore, the long-term social costs associated with bringing up children who are developmentally delayed, chronically ill, emotionally damaged, poorly educable, seriously abused or neglected, we as a state and as a nation will continue to undervalue preventive and early intervention efforts.

THE COMMITTEE FOR ECONOMIC DEVELOPMENT

The Committee for Economic Development (CED) is an independent research and policy organization of some 250 business leaders and educators (Note description as well as a partial listing of its present Board membership.)

In a November, 1996 speech, Sol Hurwitz, the President of CED noted that it had been the first business organization to focus on education as an investment in the nation, not an expense. He also reminded his audience that "CED had called for such major policy innovations as early and

sustained intervention for poor children and youth, beginning with prenatal care; higher quality infant and child care and universal pre-school programs for disadvantaged three- and four-year-olds; parent education and support, and broad community collaborations to address the social and health problems of children so that teachers in the classroom can focus on learning."

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The Executive Director of the Texas prison systems was asked if there weren't ways to reduce the numbers of people entering the prison system. His first comment was that we could very well be penny-wise and pound foolish. "We should probably be spending more money on Head Start, treating substance abuse, and job training," he said. "You show me a crack-addicted baby; you show me a latch-key child; you show me a child in a poverty-stricken inner city --- That child's mine...Eventually that child's mine." Likewise, the former director of New York's Corrections Department said, "Building more prisons to address crime -- is like building more graveyards to address a fatal disease." We're not putting enough resources where they'll have the appropriate long-term effects. This is true not only for crime, but for educational excellence and workforce capabilities as well.

We can not just focus on the ages of zero to three, however. Childhood is a continuum. It makes no sense to pour resources into a limited area of need for a few years, and ignore the child's other needs before or thereafter.

With the tremendous learning that is occurring early in life, we must see to it that those involved with a child's care and early experiences have enough background to enhance appropriate development of that child's brain, both cognitively and emotionally. The first and primary teachers will be the child's parents; however, others will also be involved, especially when both parents or the only parent in the household works. Whoever is to bring up this developing child must be helped to do it appropriately. This means that parenting skills and child development (including brain development) should be taught as part of the health curriculum beginning in the late elementary school years and continuing throughout high school. We are not talking about anything controversial here. As children approach and go through puberty, they should know about developmental markers of childhood; about brain development in the child; about the needs of children, especially younger children; about the costs of raising children so that they will have a greater likelihood of being successful adults. School board members must be helped to see the importance of this step, as well as the need to modify curricula to take advantage of the research that is being done.

Wil Blechman, M.D.
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The Lawton & Rhea Chiles Center for Healthy Mothers and Babies
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GUIDING PRINCIPLES RECOMMENDED BY TRUSTEES OF COMMITTEE FOR ECONOMIC DEVELOPMENT

1. Early and sustained intervention for disadvantaged children, which should include, at the very least, prenatal care for pregnant women, preventive health care from infancy through adolescence, and quality child care and preschool education that promotes intellectual, emotional, and physical development.

2. Public schools that "put learning first." They can do this by offering continuity between preschool and the early grades, holding all students to the same high academic and behavioral standards for achievement, providing positive incentives for both students and teachers to improve their performance, and encouraging greater parental participation.

3. Education that more effectively prepares youth for work and postsecondary education by bringing employers into closer collaboration with local schools to identify workplace skill needs and provide exposure for students to the world of work starting in middle school.

4. Communities that take more responsibility for the non-academic needs of children by providing health care, supervised learning and recreational activities both before and after school for children whose parents work, and productive out-of-school experiences for teenagers, including mentoring opportunities for children who do not have adequate parenting.

5. Access to post-secondary education and skill development for all adults to help them adapt to the more demanding requirements of the highly competitive technology- and knowledge-based global economy.

6. Initiatives to rebuild decaying neighborhoods that bring government and private resources into partnership with community residents and build on the residents' ideas and innate strengths.

Finally, policy makers should ask the following questions when developing legislation and new programs:

+ Does it promote healthy child development?

+ Does it support learning?

+ Does it help parents fulfill their primary obligations to their children ---financial support, nurturing, and support of their children's learning in school?

RESPONSIBILITY FOR CED STATEMENTS ON NATIONAL POLICY

The Committee for Economic Development is an independent research and policy organization of some 250 business leaders and educators. CED is nonprofit, nonpartisan, and nonpolitical. Its purpose is to propose policies that bring about steady economic growth at high employment and reasonably stable prices, increased productivity and living standards, greater and more equal opportunity for every citizen, and an improved quality of life for all.

All CED policy recommendations must have the approval of trustees on the Research and Policy Committee. This Committee is directed under the bylaws, which emphasize that "all research is to be thoroughly objective in character, and the approach in each instance is to be from the standpoint of the general welfare and not from that of any special political or economic group." The Committee is aided by a Research Advisory Board of leading social scientists and by a small permanent professional staff.

The Research and Policy Committee does not attempt to pass judgment on any pending specific legislative proposals; its purpose is to urge careful consideration of the objectives set forth in this statement and of the best means of accomplishing those objectives.

Each statement is preceded by extensive discussions, meetings, and exchange of memoranda. The research is undertaken by a subcommittee, assisted by advisors chosen for their competence in the field under study.

The full Research and Policy Committee participates in the drafting of recommendations. Likewise, the trustees on the drafting subcommittee vote to approve or disapprove a policy statement, and they share with the Research and Policy Committee the privilege of submitting individual comments for publication.

Except for the members of the Research and Policy Committee and the responsible subcommittee, the recommendations presented herein are not necessarily endorsed by other trustees or by the advisors, contributors, staff members, or others associated with CED.

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*Voted to approve the policy statement but submitted memoranda of comment, reservation, or dissent. See page 53

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"Two of the most surprising and profound discoveries" by researchers " are that the brain uses the outside world to shape itself and that it goes through crucial periods in which brain cells must have certain kinds of stimulation to develop such powers as vision, language, smell, muscle control, and reasoning." (Kotulak, Ronald, Inside the Brain, Andrews and McMeel, 1996.) Equally powerful is the confirmation of nurturing as the basis for developing the brain's centers for emotion and the need to enhance not only cognitive intelligence, but emotional intelligence as well. There is recognition that the brain at birth is remarkably *undeveloped*. The way the brain develops, and the capabilities of the mature individual, hinge not only on an individual's genetic endowment, but also on the impact of experience and environment, including the quality of relationships with parents and other caregivers. (Carnegie Task Force on Meeting the Needs of Our Youngest Children)

Optimally, the end result of any pregnancy is a healthy child, one who is ready to learn upon school entry, able to learn in the school setting, and prepared after graduation to enter society as a productive citizen. Too many children do not fit this optimum standard, which is both an individual and societal tragedy.

YOU CAN'T MAKE A SILK PURSE OUT OF A SOW'S EAR

We will need the youth of today to earn enough to pay the taxes that will run our government and to pay into social security and medicare. These children are the human capital we will one day tap to run the factories and businesses of tomorrow, to become the workforce and civic activists that will allow America to prosper as a nation. Too many of our youth are not able to serve these needs. In far too many instances, we are seeing youth and adults who simply can't make it, because their brains have organized abnormally during their earliest years. Research also shows that "early life experiences have disproportionate importance in organizing the mature brain." (Perry, Bruce D., Incubated in Terror: Neurodevelopmental Factors in the 'Cycle of Violence', Children, Youth and Violence: Searching for Solutions, The Guilford Press, 1995.)

Business people know that they cannot build a quality product, if they begin with damaged raw materials. How then will we be able to maintain a quality society, when we have numbers of individuals with brains which will never reach their potential or which may actively direct their owners into criminal or other antisocial behavior?

If one would study the last three years of my adult life, one would likely find that I had changed relatively little in comparison to a similar period beginning ten or even twenty years ago. Yes, I'm older. I'm more farsighted. I can't run as fast, but I can do most things that I have done before, even if not as well, and I haven't really learned to do a lot more. The same, I daresay, is true for most of you as well. Let us now consider the newborn, which is able to suckle, cry, eliminate and exhibit gross movements of its extremities. Not a lot else! Compare this to the same child three years later, a walking, running, climbing, jumping, speaking, thinking, even partially self-disciplined little being. At no other time of life does the human being change so much within such a brief period of time...and this is particularly true with the human brain.

ZERO TO THREE---CRITICAL YEARS IN BRAIN DEVELOPMENT

As the brain matures in the first decade of life, it builds, retains and reinforces those connections that are repeatedly used, and eliminates those that are not. In this way, excess synapses are "pruned" --- a process of refinement that results from experience and therefore proceeds differently for every individual. In other words, the brain "learns." This fine-tuning is particularly intense in the first three years of life. Neuroscientists believe that the considerable changes in the number and density of synapses in the brain, especially in the cerebral cortex, are the foundation for the mastery of basic skills and the formation of intellectual capacities. From age four to ten, the child will absorb knowledge at a more rapid rate than at any other time in life, but even this can be enhanced or lessened, depending in part upon the foundation of brain connections built during the first three years. Development and change continue throughout childhood and later life, but at a steadily decreasing rate. Again this development is dependent upon the foundations established during the first three years.

Scientists are also building a bridge between biology and psychology by studying the dynamics of early attachment of the newborn and infant to the mother or other primary caregivers and how inadequate nuturing or early separation, with their respective impact upon the brain's synaptic development, may relate to vulnerability to later stress in life. The implications are profound. Children's early experiences don't just affect their mood or emotional responses, they actually alter the way the brain is "wired." The kind of nurturing children receive very early in life does not just affect their disposition; it appears to affect their emotional resilience and ability to form relationships and to empathize with others later in life. Moreover, early experiences do not only affect the brain, they affect all of the systems that are mediated by the brain.

The quality of the parent-child attachment in the early years also affects the regulation of the infant's central nervous system in ways that produce different long-range outcomes. For example, when early attachment is absent or severly compromised, children may fail to develop fully the biological systems that allow and regulate the expression of emotion. The ability to trust may be permanently impaired. Depression or anti-social acts are just two of the possible results.

RISK VERSUS OPPORTUNITY

In short, the early years of life are rife with risk and opportunity. When parents are chronically unable to properly respond to their babies' and toddlers signals --- due to misconceptions about what young children need, or due to a parents' illness, depression, substance abuse, or intense stress --- the damage may be difficult to remedy later in life. On the other hand, when children form strong, trusting attachments to caregivers in the early years, and when they receive sensitive care and appropriate stimulation, they can develop capacities that will hold them in good stead later in life, enabling them to bounce back from the stress and trauma that life brings. (Healthy Steps Training Manual) The importance of the parent/caregiver role during this period of in which the foundations of learning, development of self-image, emotions and behavior are developing cannot be over-estimated.

THE HUMPTY-DUMPTY FACTOR

Thanks to the Florida State University Center for Prevention and Early Intervention Policy and the Florida Developmental Disabilities Council, we also have statistical evidence showing estimated or proven cost-benefit ratios for interventions which can protect the brain or enhance future intellectual functioning, emotional or physical health. (*Order booklet, "Florida's Children: Their Future Is in Our Hands." - 1997 Update by contacting the Council at 820 E. Park Avenue, Ste. I-100, Tallahassee, FL 32301*)

Remediation is an expensive way of trying to put Humpty-Dumpty back together again; All the king's horses and all the king's men couldn't put Humpty-Dumpty together again; all to often, no matter how much we spend, we obtain less than adequate outcomes. Far better to have prevented the problems in the first place.

To those who question the value of preventive programs, one need only point to Healthy Start and immunizations as programs that work, as well as the Perry Preschool Project and other quality preschool programs; removing lead from gasoline; WIC (Women, Infants and Children); High Risk OB Satellite Clinics; prenatal care; infant and child seat belts; bicycle helmets, and the Healthy Kids Corporation, among others.

SOME SPECIFIC COST BENEFIT RATIOS	Investment	Savings
FAMILY PLANNING	$ 1.00	$ 6 - 13
QUALITY PRESCHOOL	1.00	7.16
HOME VISITS IN HIGH RISK PREGNANCY	1.00	5.63
MEASLES IMMUNIZATION	1:00	29.00

However, until we are able to accurately assess, instead of ignoring, the long-term social costs associated with bringing up children who are developmentally delayed, chronically ill, emotionally damaged, poorly educable, seriously abused or neglected, we as a state and as a nation will continue to undervalue preventive and early intervention efforts.

THE COMMITTEE FOR ECONOMIC DEVELOPMENT

The Committee for Economic Development (CED) is an independent research and policy organization of some 250 business leaders and educators (See handouts for further description as well as a partial listing of its present Board membership.)

In a speech this past November, Sol Hurwitz, the President of CED noted that it had been the first business organization to focus on education as an investment in the nation, not an expense. He also reminded his audience that "CED had called for such major policy innovations as early and sustained intervention for poor children and youth, beginning with prenatal care; higher quality infant and child care and universal pre-school programs for disadvantaged three- and four-year-olds; parent education and support, and broad community collaborations to address the social and health problems of children so that teachers in the classroom can focus on learning."

"We learned," said Mr. Hurwitz, "that it is critical to ensure that children have adequate nutrition, health care, emotional nurturing, and intellectual stimulation from the very beginning of their lives in order to start formal schooling 'ready to learn.'" During a discussion on the new welfare law, the Personal Responsibility and Work Opportunity Act, Mr. Hurwitz noted, "We know that quality infant and toddler care is essential for improving the later learning success of poor children. New research on brain development clearly demonstates what can happen if children under the age of three are deprived of emotional nurturing and intellectual stimulation. Yet, the new child care law provides few incentives for states to increase the quality of care for these most vulnerable children...."

Finally, Mr. Hurwitz outlined six principles that CED's Trustees feel should guide policy makers to ensure that social safety net, education and employment policies promote improved child development and education and increase the stability of their families. The first of these guidelines focuses primarily on events affecting the 0-3 age level and which have effects on brain development. (To review the complete set of guidelines, see handout.)

WHAT NOW?

Others must learn what we now know, and those others must include the makers of policy and drafters of legislation within our state and our nation. We must see to it that these people recognize the importance of brain development in childhood, particularly the first few years, and allow them to see that there is support for them politically if they will put the child, particularly the infant and toddler, and its family into a true priority status. Rhetoric without action is a fraud upon this state and this nation.

We must encourage the concept of prevention and early intervention, rather than allow the continuing excuse that the money is needed for things that are happening now --- meanwhile watching problems continue to build faster than we as a society will ever be able to handle them, with still greater costs and decreased chances for success in solving these problems.

The Executive Director of the Texas prison systems was asked if there weren't ways to reduce the numbers of people entering the prison system. His first comment was that we could very well be pennywise and pound foolish. "We should probably be spending more money on Head Start, treating substance abuse, and job training," he said. "You show me a crack baby; you show me a latch-key child; you show me a child in a poverty-stricken inner city --- That child's mine...Eventually that child's mine." Likewise, the former director of New York's Corrections Department said, "Building more prisons to address crime -- is like building more graveyards to address a fatal disease." We're not putting enough resources where they'll have the appropriate long-term effects. This is true not only for crime, but for educational excellence and workforce capabilities as well.

We can not just focus on the ages of zero to three, however. Childhood is a continuum. It makes no sense to pour resources into a limited area of need for a few years, and ignore the child's other needs thereafter.

With the tremendous learning that is occuring early in life, we must see to it that those involved with a child's care and early experiences have enough background to enhance appropriate development, both cognitively and emotionally, of that child's brain. The first and primary teachers will be the child's parents; however, others will also be involved, especially when both parents or the only parent in the household works. Whoever is to bring up this developing child must be helped to do it appropriately. This means that parenting skills should be taught as part of the health curriculum beginning in the middle schools and continuing throughout high school. We are not talking about anything controversial here. As children approach and go through puberty, they should know about developmental markers of childhood; about brain development in the child; about the needs of children, especially younger children; about the costs of raising children so that they will have a greater likelihood of being successful adults. School board members must be helped to see the importance of this step, as well as the need to modify curricula to take advantage of the research that is being done.

We have several challenges. A non-comprehensive list might include:

1. ***Enhance understanding of brain research findings and their implications***
2. ***Change the paradigm from after-the-fact involvement to prevention and early intervention***
3. ***Improve quality of parenting and child care***
4. ***Provide adequate health care, including mental health care***
5. ***Provide adequate nutrition***
6. ***Increase access to family-friendly workplace policies***
7. ***Recognize that learning begins at birth, and our educational systems must take this into account***
8. ***Improve recognition of the relationships between early brain development and later success in school, the workplace and society***
9. ***Emphasize the importance of emotions ("Emotions, not cognitive stimulation, serve as the mind's primary architect." - Stanley I. Greenspan, M.D.; The Growth of the Mind and the Endangered Origins of Intelligence, Addison-Wesley, 1997)***

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GUIDING PRINCIPLES RECOMMENDED BY TRUSTEES OF COMMITTEE FOR ECONOMIC DEVELOPMENT

1. Early and sustained intervention for disadvantaged children, which should include, at the very least, prenatal care for pregnant women, preventive health care from infancy through adolescence, and quality child care and preschool education that promotes intellectual, emotional, and physical development.

2. Public schools that "put learning first." They can do this by offering continuity between preschool and the early grades, holding all students to the same high academic and behavioral standards for achievement, providing positive incentives for both students and teachers to improve their performance, and encouraging greater parental participation.

3. Education that more effectively prepares youth for work and postsecondary education by bringing employers into closer collaboration with local schools to identify workplace skill needs and provide exposure for students to the world of work starting in middle school.

4. Communities that take more responsibility for the non-academic needs of children by providing health care, supervised learning and recreational activities both before and after school for children whose parents work, and productive out-of-school experiences for teenagers, including mentoring opportunities for children who do not have adequate parenting.

5. Access to post-secondary education and skill development for all adults to help them adapt to the more demanding requirements of the highly competitive technology- and knowledge-based global economy.

6. Initiatives to rebuild decaying neighborhoods that bring government and private resources into partnerhip with community residents and build on the residents' ideas and innate strengths.

Finally, policy makers should ask the following questions when developing legislation and new programs:

+ Does it promote healthy child development?

+ Does it support learning?

+ Does it help parents fulfill their primary obligations to their children ---financial support, nurturing, and support of their children's learning in school?

Citizens for Missouri's Children
Let's Make Kids Count Luncheon
November 7, 1996

Luncheon Address
Sol Hurwitz
President
Committee for Economic Development

I'm delighted to be here today at the Citizens for Missouri's Children "Kids Count" luncheon to talk about a subject that is very important to all of us and to the future of our nation --- the education and development of America's children. I'm also very pleased to be sharing the spotlight today with Jane Paine, this year's recipient of the Gene Schwilck award for Outstanding Service to Missouri Children and Youth. This award is a fitting tribute to Gene's dedication and vision as former president of the Danforth Foundation.

Coming as it does two days after the reelection of Bill Clinton to his second term, this luncheon is an expecially timely opportunity to examine where child, family, and education policy may be heading in the next four years, and, as we approach the beginning of a new millennium, to envision the kind of policy environment that will be most positive for our nation's children.

The past two years have been difficult ones for child and family advocates. The federal budget battles have created a highly uncertain climate for the many education and human services programs on which poor and low-income families have come to depend, such as Head Start, child care assistance, AFDC, Medicaid, and WIC.

Foremost on the minds of most child and family advocates is the new welfare reform legislation and how its implementation will affect poor parents and their children.

Like Citizens for Missouri's Children, the Committee for Economic Development is a research and policy organization, and we share some very important objectives. For example, we both use objective research and analysis to develop policy solutions to critical problems and we both advocate for their adoption by decisionmakers at all levels of government and in the private sector. Citizens for Missouri's Children does this for issues affecting children and youth at the state and local level here in Missouri. CED's agenda is somewhat broader in scope and aimed nationally, rather than locally, but its underlying purpose is the same.

Since its founding in 1942, CED's central mission has been to address those issues that have a long-term impact on the American economy and its ability to sustain a high standard of living for its citizens. Although for many, the development of young children is not the first thing that springs to mind when talking about the economy, CED's 250 trustees, most of whom are top executives at America's largest corporations, know that the economy is affected profoundly by a wide range of issues that affect the people who represent our country's future. They know that, ultimately, the Amderican economy cannot remain strong unless it is operating within a vital, cohesive, and secure society.

That is why for the past 15 years, the Committee for Economic Development has devoted a significant part of its resources to shaping policies that affect the education and development of America's children and the ability of their families and communities to provide them with the foundations for a successful adulthood.

When I say that CED has spent the past 15 years addressing children's issues, I don't mean to imply that we had only recently discovered education. In fact, education has been an important agenda item for CED's trustees since the organization's founding in 1942.

But since the early 1980s, which most people consider the beginning of the "modern" era of education reform, CED has done its most focused work on education, child development, and related human resource issues, such as jobs policy and urban development. With the publication of CED's landmark policy report *Investing in Our Children* in 1985, CED became the first business organization to focus on education as an *investment* in the nation, not an *expense*.

That report underscored our trustees conviction that while education benefits individuals, making it possible for them to pursue the American Dream, an educated populace benefits the nation as a whole, making both our economy and our democracy stronger and more stable. We are very proud to say that virtually every other national business organization and public policy group working on these issues has picked up this theme.

The concept of *investing in our children* has become an underlying thread connecting all of CED's work on national economic policy, including recent projects we have completed on urban redevelopment and work force productivity.

In the half-dozen education-related reports we have issued over the past 10 years, CED has called for such major policy innovations as early and sustained intervention for poor children and youth, beginning with prenatal care; higher quality infant and child care and universal pre-school programs for disadvantaged three- and four-year-olds; parent education and support, and broad community collaborations to address the social and health problems of children so that teachers in the classroom can focus on learning.

Although none of these concepts was new within the community of child and family advocates, educators, or child development and health experts, each of these ideas broke new ground within the business community. Even among CED's own trustees.

For example, at the start of the *Investing in Our Children* project, most of the corporate executives on the CED subcommittee believed that the only relevant reform issue was how to improve education at the high school level so that young people entering the work force would be better prepared for jobs.

Of course, preparing young people more effectively for the work force has been a strong motivation for all of CED's work on education and the economy. With CED's current project on the Employer's Role In Linking School And Work, we have, in a real sense, come full circle.

But we had to start somewhere, and the development of *Investing in Our Children* demonstrates how CED's trustees approach the design of national policy.

CED's trustees are not people who take their own opinions and use them to decree policy. A hallmark of all of CED's work is thorough research and careful analysis of the impact and practicality of alternative policy strategies. So, back in 1982, we realized that we knew very little about what really contributes to successful learning and commissioned research to help us learn more. We soon had persuasive evidence to show that preparation for work, and for all of life's adult responsibilities, including family and citizenship, cannot succeed if left entirely to the last few years before high school graduation. We learned that it is critical to ensure that children have adequate nutrition, health care, emotional nurturing, and intellectual stimulation from the very beginning of their lives in order to start formal schooling "ready to learn." And that, further, they need to develop a solid foundation during the elementary school years in reading, writing, math, science, and communication skills if they are to succeed in high school, college, and the work force.

The fact that our policy recommendations are grounded in thorough research and analysis is only part of the reason CED enjoys such a high level of credibility among the broader business community and national policymakers. Another reason for CED's reputation is that our individual trustees participate directly in the entire process of policy development. Nothing can become official CED policy until our trustees reach a consensus and are willing to stand behind their recommendations. It is this high level of credibility that often makes CED's national policy recommendations such useful ammunition in the hands of policy makers and advocates at the state and local levels, like yourselves.

Another one of the interrelated themes that has guided CED's work is the importance of developing policies that are comprehensive, cohesive, and consistent. Unfortunately, that is not the way most policy is developed or implemented in the real world. As we have seen time and time again, especially in education and social welfare legislation, policies are too often formulated piecemeal and without much thought to how they might conflict with other existing policies. Unintended consequences are a familiar pitfall of reforms that aren't carefully crafted to be consistent with related legislation and programs.

The new welfare law, the Personal Responsibility and Work Opportunity Act will most likely be a case in point unless some of its shortcomings are corrected. CED's trustees have been highly supportive of welfare reform, but they do have a number of concerns about the new welfare system.

Clearly, the way the social safety net for low-income families is structured can affect the behavior of parents and the opportunities available to their young children. CED's trustees strongly believe that the welfare system should be designed to foster responsibility and provide adults with opportunities for work while ensuring that basic child and family needs are met.

The new welfare law both requires recipients to work and limits the time individuals can receive public support. Through block grants, states will now have new flexibility to design their own

welfare-delivery systems.

In theory, these fundamental program changes can have a positive effect on welfare recipients' behavior and can afford a testing ground for innovations in service delivery. But there are reasons to be concerned about the impact of the new system on the well-being of children and families.

One is the reduced resources that will be available to poor families overall. The federal reforms will substantially reduce federal funds to states, especially in future years, and attach fairly weak requirements for states to maintain their own levels of funding for welfare programs. Overall, the legislation is expected to reduce federal spending by $54 billion over six years, with most of these savings resulting from reductions in the Food Stamp program and aid to legal immigrants. Furthermore, states are allowed to reduce their own contributions by up to $40 billion over the same period.

Another is the likelihood that there will be a shortage of work opportunities, despite the demanding work requirements of the new program. Ironically, many current welfare recipients may not be able to hold jobs even if they can be placed in one. The reasons for this are complex. Although the old welfare system often actively discouraged work, it is more than a lack of motivation that separates many welfare mothers from jobs.

For example, a majority of those who stay on welfare for five years or more lack a high school diploma. In a workplace increasingly dependent on advanced skills, education, and the use of technology, the private sector is unlikely to generate enough jobs at non-poverty wages for the mostly unskilled welfare recipients who will be thrust into the labor market, many for the first time. It is unrealistic, therefore, to expect that a large proportion of single mothers on welfare will be able to find and retain employment without substantial interim public support. According to the Urban Institute, fully one-third of the welfare recipients who participated in existing welfare-to-work programs in 1996 will not be able to find or hold permanent jobs.

Getting mothers off welfare successfully without endangering their children will require education, training, and job placement assistance for the mothers, and both child care and health care for the children. This means that an effective work-related welfares system is likely to cost *more* than current programs, at least in the short term. The public is understandably reluctant to support adults who they believe lack appropriate work incentives and standards of behavior. Yet, if we fail to provide the comprehensive support systems neeeded for both mothers and children, there are likely to be signficant long-term cost that will make today's short-term savings seem wasteful and misguided. The Urban Institute estimates that the new welfare program could raise the number o children in poverty by nearly 11 percent.

The parents of all these children will be clamoring for child care. Some changes in the federal child care program passed into law this year are actually quite positive. The new law provides $14 billion in child care funding over six years, an increase of $3.5 billion. The new law also guarantees that women on welfare will continue to receive health coverage for their families, including at least one year of transitional Medicaid when they leave welfare for work. In addition, the eligibility for child care assistance has been raised to 85 percent of a state's median family

income from 75 percent currently.

Nevertheless, expanded eligibility for all low-income families may not mean much when the new work requirements under welfare bring thousands of additional children into the child care system. It's very likely that many low-income families who currently work but are eligible for child care subsidies will lose those subsidies because the children of mothers in the new workfare system will have priority. This could put currently working families at risk of falling into the welfare system.

We must also be concerned about the quality of the care available to these children. We know that quality infant and toddler care is essential for improving the later learning success of poor children. New research on brain development clearly demonstrates what can happen if children under the age of three are deprived of emotional nurturing and intellectual stimulation. Yet, the new child care law provides few incentives for states to increase the quality of care for these most vulnerable children, particularly if they are being cared for by relatives, more of whom will be eligible to receive child care pay. In addition, funds were eliminated entirely for both before and after-school care for school-age children, even when their mothers' work hours do not correspond with the regular school day.

These are just some of the issues raised by recent historic changes in social welfare policies that will need to be carefully monitored so that they can be revised if they turn out to do more harm than good. As progress is assessed, CED believes that it is important for policy makers to keep six guiding principles in mind to ensure that social safety net, education, and employment policies promote improved child development and education and increase the stability of their families. In closing, I would like to summarize what CED's trustees believe those guiding principles should be.

First, early and sustanind intervention for disadvantaged children, which should include, at the very least, prenatal care for pregnant women, preventive health care from infancy through adolescence, and quality child care and preschool education that promotes intellectual, emotional, and physical development.

Second, public schools that "put learning first." They can do this by offering continuity between preschool and the early grades, holding all students to the same high academic and behavioral standards for achievement, providing positive incentives for both students and teachers to improve their performance, and encouraging greater parental participation.

Third, education that more effectively prepares youth for work and postsecondary education by bringing employers into closer collaboration with local schools to identify workplace skill needs and provide exposure for students to the world of work starting in middle school.

Fourth, communities that take more responsibility for the non-academic needs of children by providing health care, supervised learning and recreational activities both before and after school for children whose parents work, and productive out-of-school experience for teenagers, including mentoring opportunities for children who do not have adequate parenting.

Fifth, access to post-secondary education and skill development for all adults to help them adapt to the more demanding requirements of the highly competitive technology-and knowledge-based economy.

Sixth, initiatives to rebuild decaying neighborhoods that bring government and private resources into partnership with community residents and build on the residents' ideas and innate strengths.

Finally, policymakers should ask the following questions when developing legislation and new programs:

> Does it promote healthy child development?
>
> Does it support learning?
>
> Does it help parent fulfill their primary obligations to their children --- financial support, nurturing, and support of their children's learning in school?

If the Administration and Congress can answer those questions in the affirmative, then our children and families will be on the right track for the next four years and into the 21st century.

Executive Summary

A father comforts a crying newborn. A mother plays peekaboo with her ten-month-old. A child care provider reads to a toddler. And in a matter of seconds, thousands of cells in these children's growing brains respond. Some brain cells are "turned on," triggered by this particular experience. Many existing connections among brain cells are strengthened. At the same time, new connections are formed, adding a bit more definition and complexity to the intricate circuitry that will remain largely in place for the rest of these children's lives.

We didn't always know it worked this way. Until recently, it was not widely believed that the brains of human infants could be so active and so complex. Nor did we realize how flexible the brain is. Only 15 years ago, neuroscientists assumed that by the time babies are born, the structure of their brains is genetically determined. They did not recognize that the experiences that fill a baby's first days, months and years have such a decisive impact on the architecture of their brains, or on the nature and extent of their adult capacities. Today, thanks in part to decades of research on brain chemistry and sophisticated new technologies, neuroscientists are providing evidence for assertions that would have been greeted with skepticism ten or twenty years ago.

Breakthroughs in Neuroscience—Why Now?

Every field of endeavor has peak moments of discovery and opportunity, when past knowledge converges with new needs, new insights, and new technologies to produce stunning advances. For neuroscience, this is one such moment. Certainly, the development of new research tools, such as brain imaging technologies, has been a crucial factor. But technological advances never occur in a vacuum. Brain research has been stimulated, in part, by growing concern about the status of children in America—not only their academic achievement, but also their health, safety, and overall well-being. There is growing consensus, among decision makers in many fields, that efforts to recast policy and reconsider the best use of public resources must begin at the beginning—with clearheaded thinking about young children's brains.

What Have We Learned?

1. **Human development hinges on the interplay between nature and nurture.** Much of our thinking about the brain has been dominated by old assumptions—that the genes we are born with determine how our brains develop, and that in turn how our brains develop determines how we interact with the world. Recent brain research challenges these assumptions. Neuroscientists have found that throughout the entire process of development, beginning even before birth, the brain is affected by environmental conditions, including the kind of nourishment, care, surroundings, and stimulation an individual receives. The impact of the environment is dramatic and specific, not merely influencing the general direction of development, but actually affecting how the intricate circuitry of the brain is wired.

The notion of "wiring" or "circuitry" is often used to describe the brain's complex network. Brain function hinges on the rapid, efficient passage of signals from one part of the brain to another. It needs a well organized network. The building blocks of this network are brain cells (neurons) and the connections (synapses) they form to other brain cells. These synapses are vital to healthy development and learning: they link up to form neural pathways. As an individual interacts with the environment—reacting to stimuli, taking in information, processing it, or storing it—new signals race along these neural pathways. In neuroscientists' terms, the synapses and the pathways they form are "activated."

It is during the first three years of life that the vast majority of synapses is produced. The number of synapses increases with astonishing rapidity until about age three and then holds steady throughout the first decade of life. A child's brain becomes super-dense, with twice as many synapses as it will eventually need. Brain development is, then, a process of pruning.

This is why early experience is so crucial: those synapses that have been activated many times by virtue of repeated early experience tend to become permanent; the synapses that are not used often enough tend to be eliminated. In this way early experiences—positive or negative—have a decisive impact on how the brain is wired.

New knowledge about brain function should end the "nature or nurture" debate once and for all. A great deal of new research leads to this conclusion: how humans develop and learn depends critically and continually on the interplay between nature (an individual's genetic endowment) and nurture (the nutrition, surroundings, care, stimulation, and teaching that are provided or withheld). Both are crucial.

2. **Early care has a decisive and long-lasting impact on how people develop, their ability to learn, and their capacity to regulate their own emotions.** The ways that parents, families, and other caregivers relate and respond to young children, and the ways that they mediate children's contact with the environment, directly affect the formation of neural pathways. In particular, a child's capacity to control emotions appears to hinge, to a significant extent, on biological systems shaped by his or her early experiences and attachments. Neuroscientists are finding that a strong, secure attachment to a nurturing caregiver can have a protective biological function, helping a growing child withstand (and, indeed, learn from) the ordinary stresses of daily life. There is no single "right" way to create this capacity; warm, responsive care can take many forms.

3. **The human brain has a remarkable capacity to change, but timing is crucial.** There is mounting evidence that the brain has the capacity to change in important ways in response to experience. It shows that the brain is not a static entity, and that an individual's capacities are not fixed at birth. The brain itself can be altered—or helped to compensate for problems—with timely, intensive intervention. In the first decade of life, and particularly in the first few years, the brain's ability to change and compensate is especially remarkable.

Because the brain has the capacity to change, there are ample opportunities to promote and support children's healthy growth and development. But timing is crucial. While learning continues throughout the life cycle, there are optimal periods of opportunity—"prime times"—during which the brain is particularly efficient at specific types of learning. In the neurobiological literature, these times are called "critical periods."

4. **There are times when negative experiences or the absence of appropriate stimulation are more likely to have serious and sustained effects.** A number of researchers have focused their attention on specific circumstances that may interfere with warm, responsive caregiving during critical periods, including maternal depression. While not all babies of depressed mothers show negative effects, maternal depression can impede healthy brain development, particularly in the part of the brain associated with the expression and regulation of emotions. Postpartum depression that lasts only a few months does not appear to have a lasting impact; but babies who are from six to eighteen months old when their mothers suffer from depression appear to be at greater risk. When mothers are treated for or recover from depression, their children's brain activity and behavior can improve significantly.

New knowledge about the vulnerability of the developing brain to environmental factors suggests that significant, early exposure to such substances as nicotine, alcohol, and cocaine may have more harmful and long-lasting effects on young children than was previously suspected.

Early experiences of trauma or ongoing abuse, whether in utero or after birth, can interfere with the development of the subcortical and limbic areas of the brain, resulting in extreme anxiety, depression, and/or the inability to form healthy attachments to others. Adverse experiences throughout childhood can also impair cognitive abilities.

Many of the risk factors described above occur together, jeopardizing the healthy development of young children and making research endeavors more challenging. Research shows that many of these risk factors are associated with or exacerbated by poverty. Today, fully a quarter of American children under the age of six are growing up in poverty; the same figure holds for children under the age of three. Economic deprivation affects their nutrition, access to medical care, the safety and predictability of their physical environment, the level of family stress, and the quality and continuity of their day-to-day care.

5. **Evidence amassed over the last decade points to the wisdom and efficacy of prevention and early intervention.** There are, to be sure, some genetic disorders or neurological events (such as a massive stroke) whose consequences are difficult if not impossible to reverse, given current knowledge and methods. But study after study shows that intensive, well designed, timely intervention can improve the prospects—and the quality of life—of many children who are considered to be at risk of cognitive, social, or emotional impairment. In some cases, effective intervention efforts can even ameliorate conditions once thought to be virtually untreatable, such as autism or mental retardation.

The efficacy of early intervention has been demonstrated and replicated in diverse communities across the nation. Children from families with the least formal education appear to derive the greatest cognitive benefits from intervention programs. Moreover, the impact of early intervention appears to be long-lasting, particularly when there is follow-up during the elementary school years.

Where Do We Go From Here?

In most spheres of knowledge, what we don't know far exceeds what we do know. Brain research is no exception. Coming years promise to yield new discoveries about how the brain develops and how children's capacities grow and mature.

However, the knowledge base is ample enough to allow us to act now. A framework for action might be designed around key assertions presented in this report, including the importance of the interplay between nature and nurture; the importance of strong, secure early attachments; the extent and rapidity of early development; the brain's remarkable plasticity; and the wisdom and efficacy of prevention and high-quality, well designed early intervention.

Such a framework would need to take into account three key principles:

First, do no harm. New insights into the brain suggest that the principle that guides medical practice should be applied just as rigorously to all policies and practices that affect children: first do no harm. Policies or practices that prevent parents from forming strong, secure attachments with their infants in the first months of life need urgent attention and reform. At the same time, parents need more information about how the kind of care they provide affects their children's capacities. "First, do no harm" also means mounting intensive efforts to improve the quality of child care and early education, so that parents can be sure that while they are at work, their young children's emotional development and learning are being fostered.

Prevention is best, but when a child needs help, intervene quickly and intensively. Knowing that early experience has such a strong influence on brain development, parents may worry that every unpleasant sensation or upsetting experience will become a neurological nightmare. They may rest assured that in most cases, a history of consistent and responsive care cushions children from the occasional bumps and bruises that are inevitable in everyday life. In most cases, children can recover even from serious stress or trauma. And if they are given timely, intensive, sustained help, they can overcome a wide range of developmental problems. More detailed knowledge about specific aspects of brain development and functioning will allow the design of interventions that more closely match children's needs.

Promote the healthy development and learning of every child. If we miss early opportunities to promote healthy development and learning, later remediation may be more difficult and expensive, and may be less effective given the knowledge, methods and settings that are currently available. However, *risk is not destiny.* The medical, psychological, and educational literatures contain sufficient examples of people who develop or recover significant capacities after critical periods have passed to sustain hope for every individual. Ongoing efforts to enhance the cognitive, emotional, and social development of youth and adults in every phase of the life cycle must be supported.

Implications for Policy and Practice

New insights into early development confront policy makers and practitioners in many fields with thorny questions and difficult choices. As we move into the next century, our children need and deserve policies and practices that reflect the importance of the early years, and that embody the principles that emerged from the brain conference. In particular, new knowledge about early development adds weight and urgency to the following policy goals:

Improve health and protection by providing preventive and primary health care coverage for expectant and new parents and their young children. Today, about one in five pregnant women receives little or no prenatal care in the cru-

cial first trimester; for African American, Latina, and American Indian women, the figure is one in three. In addition to prenatal care, pregnant women need safe homes, adequate nutrition, and buffering from extreme stress. The first three years of life are also filled with important health and safety risks, but millions of children in this age span are uninsured or underinsured.

Promote responsible parenthood by expanding proven approaches. All parents can benefit from solid information and support as they raise their children; some need more intensive assistance. There is substantial research evidence that certain parent education/family support programs promote the healthy development of children, improve the well-being of parents, and are cost-effective.

Safeguard children in child care from harm and promote their learning and development. Researchers have found that most child care settings are of mediocre to poor quality, and the nation's youngest children are the most likely to be in unsafe, substandard child care. More than one-third are in situations that can be detrimental to their development. Most of the rest are in settings where minimal learning is taking place. We can do better. Studies show that it is possible to improve quality, creating settings in which children can thrive and learn.

Enable communities to have the flexibility and the resources they need to mobilize on behalf of young children and their families. Efforts are now underway across the nation to mobilize communities on behalf of young children and their families. These efforts need and deserve support from national, state, and local leaders, as well as from leaders of business, the media, community organizations, and religious institutions.

■ **Conveying New Knowledge about the Brain** Finally, new knowledge about the brain must be communicated to families and the public at large with immense care. While mothers and fathers have a powerful impact on their children's development and learning, many factors play a role and parents must not be made to feel solely responsible for every hurdle their children may encounter. While warm, responsive caregiving helps to promote healthy development, some neurological conditions remain fairly resistant to change. And while the neuroscientist's lens may appear to magnify or isolate such neurological problems, they are in fact only one facet of these children's rich and complex lives.

The notion of critical periods also needs to be carefully qualified. To be sure, nature provides prime times for development and learning, but parents and other caregivers can take advantage of these times in many ways, drawing upon their own varied resources and beliefs. Moreover, it is never too late to improve the quality of a child's life.

In short, new insights into early brain development suggest that as we care for our youngest children, as we institute policies or practices that affect their day-to-day experience, the stakes are very high. But we can take comfort in the knowledge that there are many ways that we as parents, as caregivers, as citizens, and as policy makers can raise healthy, happy, smart children. We can take heart in the knowledge that there are many things that we as a nation can do, starting now, to brighten their future and ours.

Child Care for Young Children: Quality

"Recent brain research suggests that warm, responsive child care is not only comforting for an infant; it is critical to healthy development."

- Rethinking the Brain: New Insights into Early Development
Families and Work Institute (1997)

- **Higher quality child care for very young children (0 to 3) was consistently related to high levels of cognitive and language development.** "Mother-Child Interaction and Cognitive Outcomes Associated with Early Child Care", NICHD Early Child Care Research Network (1997)

- **Studies have raised concerns about the quality of care:**
  - A four-state study of quality in child care centers found **only one in seven (14%) were rated as good quality.** *Cost, Quality and Child Outcomes in Child Care Centers, (Executive Summary)* University of Colorado at Denver (1995)
  - **Thirteen percent of regulated and 50 percent of nonregulated family child care providers offer care that is inadequate.** *The Study of Children in Family Child Care and Relative Care*, Families and Work Institute (1994)
  - **"The quality of services provided by most centers was rated as barely adequate."** *The National Child Care Staffing Study* (Executive Summary), National Center for the Early Childhood Workforce (1989)

- **"[M]any children living in poverty receive child care that, at best, does not support their optimal development and, at worst, may compromise their health and safety."** *New Findings on Children, Families, and Economic Self-Sufficiency*, National Research Council, Institute of Medicine (1995)

What Works to Improve the Quality of Child Care

- **Children who receive warm and sensitive caregiving are more likely to trust caregivers, to enter school ready and eager to learn, and to get along well with other children. . . To ensure that child care settings nurture children, protect their health and safety, and prepare them for later school success, better qualified staff are essential."** *Starting Points: Meeting the Needs of Our Youngest Children*, Carnegie Task Force on Meeting the Needs of Young Children (1994)

- **"[S]maller group sizes, higher teacher/child ratios and higher staff wages result in quality child care.** Outcomes for children are also better when they attend programs that include a curriculum geared to young children, well prepared staff and where parents are involved in programming." *Early Childhood Care and Education: An Investment That Works*, National Conference of State Legislatures (1997)

- **Any child care setting will benefit from a health consultant. . .** to advise on potential infectious diseases, explain symptoms and treatments to families, plan health alert procedures when infectious disease occurs, and assist with public health reporting requirements. *Caring for Infants and Toddlers in Groups*, Zero to Three: National Center for Infants, Toddlers and Families (1995)

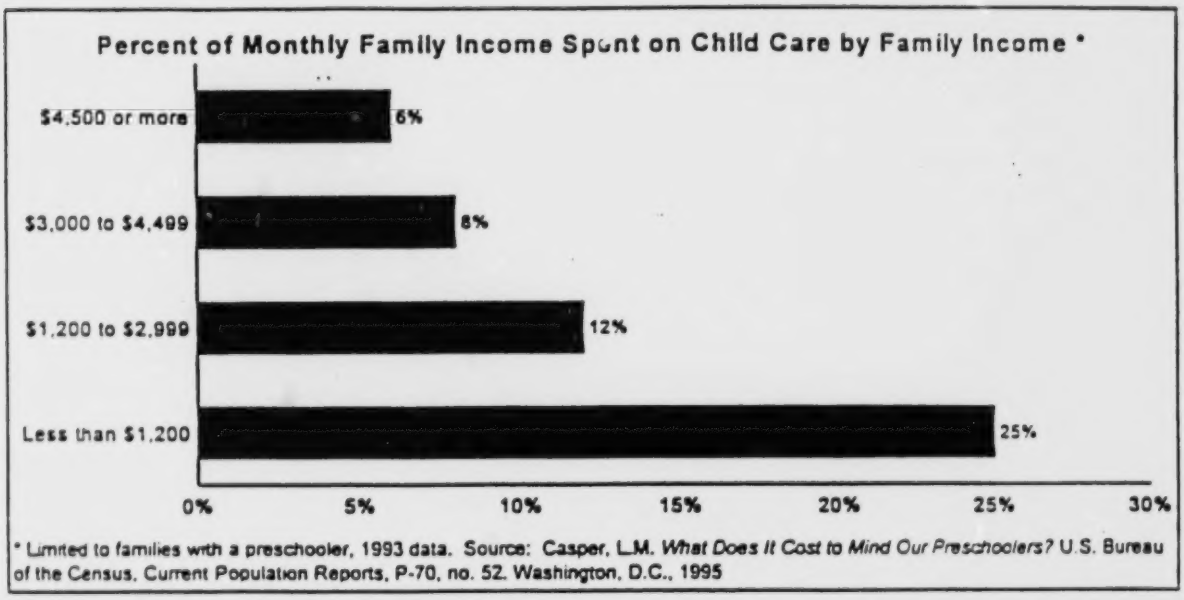
- **States with stronger licensing requirements had a greater number of good-quality centers** according to recent research. *Cost, Quality and Child Outcomes in Child Care Centers*, University of Colorado at Denver (1995)

- **Voluntary conformity to higher standards through professional center accreditation or through meeting another set of quality standards also increased the likelihood of higher classroom quality.** *Cost, Quality and Child Outcomes in Child Care Centers*, University of Colorado at Denver (1995)

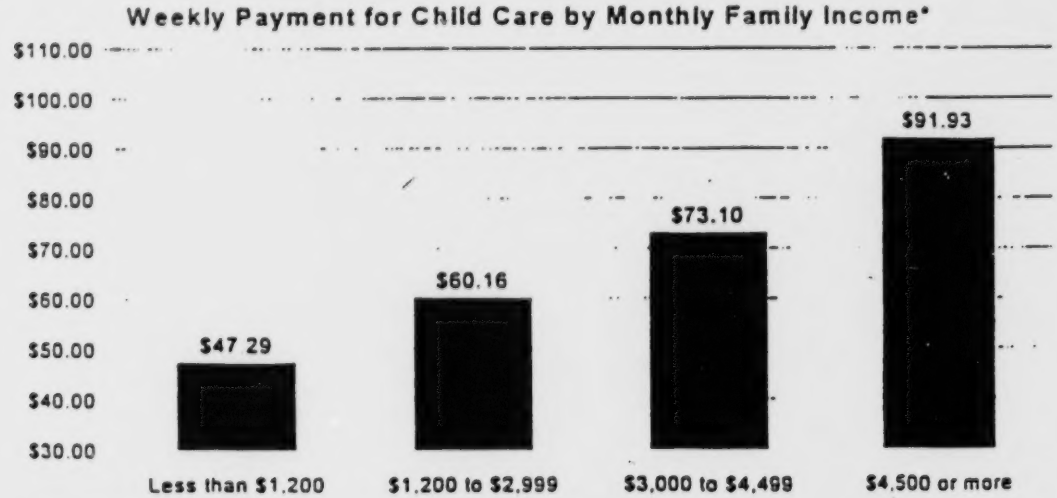
For additional information, contact the National Child Care Information Center at (800) 616-2242 or visit the Web site at ***http://ericps.crc.uiuc.edu/nccic/nccichome.html***

Economics of Child Care

- In 1994, 62% of married mothers with a child under age six re in the workforce, compared with 30% in 1970.[1]
- The increased employment of mothers outside the home has led to a sharp increase in the use of child care over the past several decades. Eight of 10 employed mothers with children under six are likely to use some form of nonparental child care arrangement.[1]
- In 1990, 7.2 million mothers with 11.7 million children und age 15 worked full or part time during nonstandard hours.*
- In 1993, the average family with an employed mother an child under age five spent about $74 per week for child care all preschoolers in the family.*
- Families with annual incomes under $14,400 that paid for c for children under five spent 25% of their income on child ca compared with 6% for families with incomes of $54,000 more.*



* Limited to families with a preschooler, 1993 data. Source: Casper, L.M. *What Does It Cost to Mind Our Preschoolers?* U.S. Bureau of the Census, Current Population Reports, P-70, no. 52. Washington, D.C., 1995



*Limited to families paying for child care for preschoolers, 1993 data. Source: Casper, L.M. *What Does It Cost to Mind Our Preschoolers?* U.S. Bureau of the Census, Current Population Reports, P-70, no. 52. Washington, D.C., 1995

Information in this fact sheet is excerpted from [1] Sandra L. Hofferth, "Child Care in the United States," *The Future of Children*, vol. 6, no. 2 Summer/Fall 1996 with additional information from [*] National Center for Education Statistics, U.S. Department of Education; [**] U.S. Bureau of Census; [***] Women's Bureau, U.S. Department of Labor

For additional information, contact the National Child Care Information Center at (800) 616-2242 or visit the Web site at http://ericps.crc.uiuc.edu/nccic/nccichome.html

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A Profile of the Child Care Work Force

Approximately three million child care teachers, assistants, and family child care providers in the U.S. care for 10 million children each day.

Who are the child care teaching staff?

97% are female
41% have children
10% are single parents

- Child care teaching staff earn an average of $6.89 per hour or $12,058 per year (based on 35 hours per week and 50 weeks per year) (data from *Cost, Quality and Child Outcomes in Child Care Centers*, Technical Report 1995, salary data are in 1993 dollars).

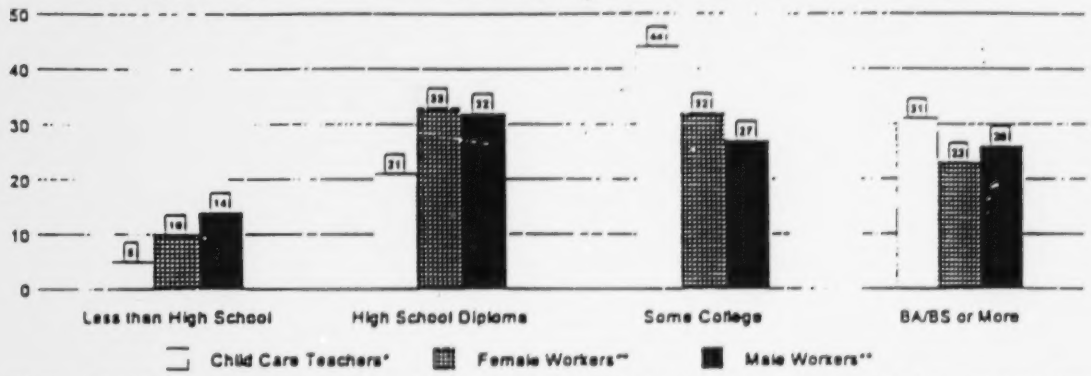
- Only 18 percent of child care centers offer fully paid health coverage to teaching staff.

- Although they earn lower wages, child care teachers are better educated than the general population.

- One-third of all child care teachers leave their centers each year.

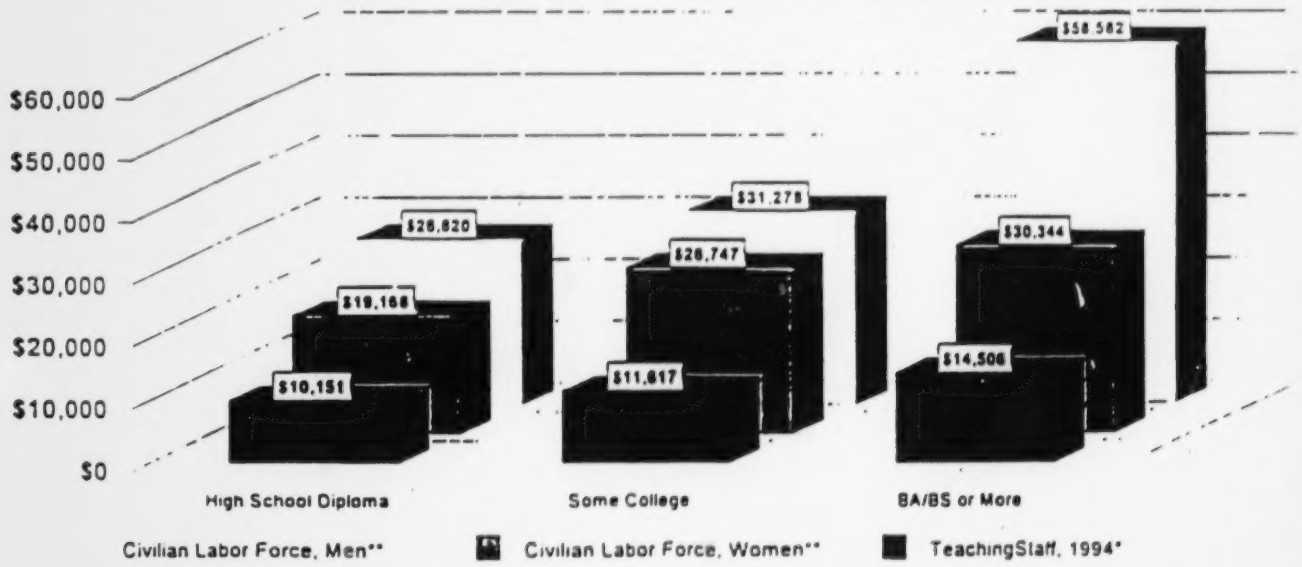
- Family child care providers who care for and educate young children in their homes also have very low earnings. Providers earn $9,528 annually after expenses (data from *The Economics of Family Child Care Study*, a forthcoming publication from Wheelock College, earnings in 1996 dollars). Unregulated providers, who care for fewer children and are offered fewer supports, earned just $5,132 after expenses.

Education of Child Care Teaching Staff Versus All Workers***



*National Child Care Staffing Study **Current Population Surveys, 1995, Bureau of Labor Statistics, U.S. Department of Labor

Annual Wages of Child Care Teaching Staff Versus All Workers***



*National Child Care Staffing Study, wages in 1996 dollars **Current Population Surveys, 1996 Bureau of Labor Statistics U.S. Department of Labor

****These charts only provide information on center-based teaching staff.*

This fact sheet is primarily excerpted from materials developed by the National Center for the Early Childhood W
(NCECW, phone 202-737-7700, E-mail ncecw@ncecw.org).

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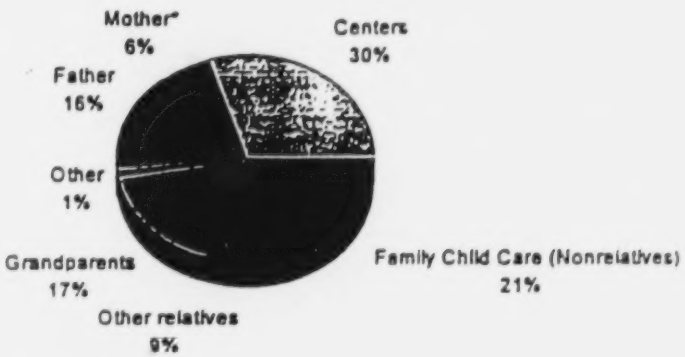
Child Care for Young Children: Demographics

- According to the National Center for Education Statistics, in 1995 there were approximately 21 million infants, toddlers, and preschool children under the age of six in the U.S., more than 12.9 million of these children were in child care.[1]
- Forty-five percent of children under age one were in child care on a regular basis.[1]
- While use of center-based care increased from 1988 to 1993, most young children are still in a home-based setting, including family child care.[**]

Primary Child Care Arrangements Used by Families with Employed Mothers for Preschoolers: 1993

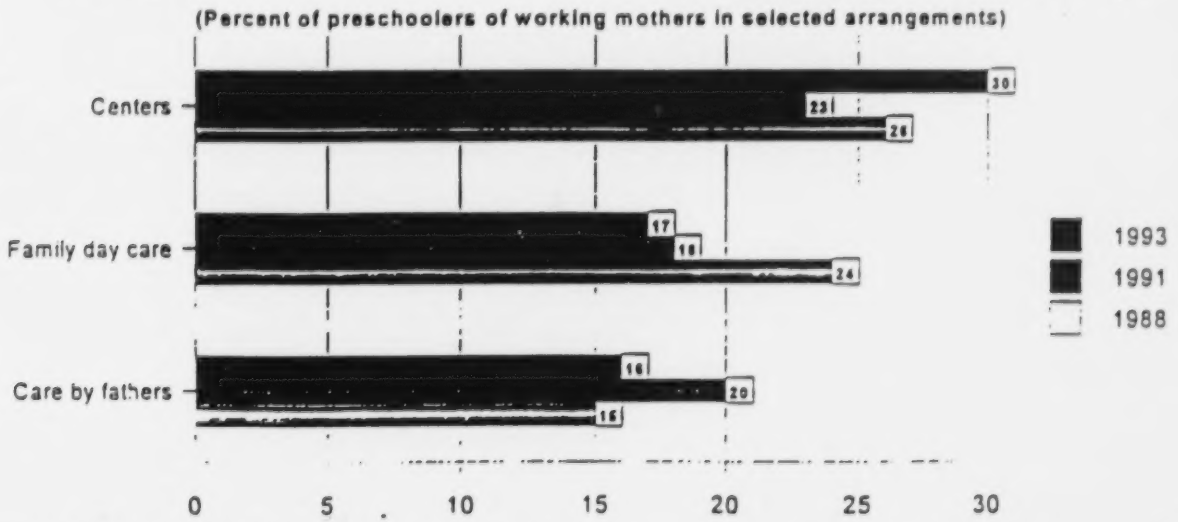
(Percent of preschoolers of working mothers in selected arrangements)



* Includes mothers working at home or away from home. Source: Casper, L.M. *Who's Minding Our Preschoolers?* U.S. Bureau of the Census, Current Population Reports, P-70, no. 53, Washington, DC 1996

Changes in Selected Child Care Arrangements: 1988 to 1993

(Percent of preschoolers of working mothers in selected arrangements)



Source: Casper, L.M. *Who's Minding Our Preschoolers?* U.S. Bureau of the Census, Current Population Reports, P-70, no. 53, Washington, DC 1996

This profile of child care demographics has been excerpted from information provided by the [1] National Center for Education Statistics, U.S. Department of Education and the [**] U.S. Bureau of the Census.

For additional information, contact the National Child Care Information Center at (800) 616-2242 or visit the Web site at http://ericps.crc.uiuc.edu/nccic/nccichome.html

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Out-of-School Time
School-Age Care

According to the Bureau of the Census, in 1997 there were 38.8 million children between the ages of 5 and 14 years living in the U.S. There are approximately 24 million school-age children with parents in the workforce or pursuing education (based on 1993 SIPP data from the Bureau of the Census).

Care Arrangements of School-Age Children

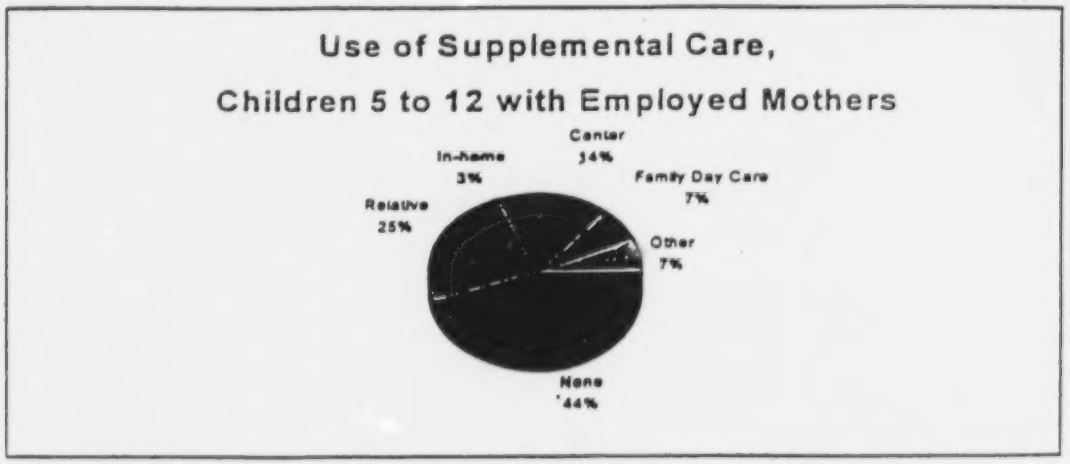
● Experts estimate that **nearly 5 million school-age children spend time as latchkey kids without adult supervision during a typical week.**

● **Approximately 1.7 million children in kindergarten through grade 8 were enrolled in 49,500 formal before- and/or after-school programs in 1991,** according to the National Study of Before and After School Programs.

● In 1993-94, according to the National Center for Education Statistics, there were 18,111 before- or after-school programs in public schools—70% of public schools did not offer extended learning programs.

● School-age children are likely to spend time in many different care arrangements. According to the National Child Care Survey (1990), **76 percent of school-age children with an employed mother spend time in at least two child care arrangements during a typical week, in addition to their time in school.**

● According to the National Child Care Survey, children aged 5 to 12 with employed mothers use the following types of supplemental care: 7% are in family day care; 14% are in centers, 3% are cared for by in-home providers, 25% are cared for by relatives and 44% do not use supplemental care.



The Effects of Out-of-School Time on Children

● Children under adult supervision in a formal program during after-school hours have demonstrated improved academic achievement and better attitudes toward school than their peers in self- or sibling care. Miller and Marx, 1990 in *Supplement o th National Assessment of Chapter 1*

● Youth are at greatest risk of violence after the regular school day. Youth between the ages of 12 and 17 are most at-ris of committing violent acts or being victims between 2:00 pm and 6:00 pm—a time when they are not in school. *Fight Crime: Inve in Kids*, 1997

The most frequently mentioned barrier to participation is the parents' inability to pay the tuition and fees charged b programs. Other barriers include availability, quality of activities, inadequate facilities, transportation, high staff turnover, hour of the program and lack of resources.

Components of Successful Before- and After-School Programs include: linkages between after-school and regular schoo programs, children's participation in age appropriate learning activities, hiring of qualified staff, low student-staff ratio involvement of parents, program evaluation and coordination with the schools and other community organizations.

For information on what states and communities are doing to meet the need for school-age care, contact the National Institute on Out of School Time (formerly the School-Age Child Care Project), Center for Research on Women, Wellesley College at (617) 283-2547 or visit the World Wide Web site at: http://www.wellesley.edu/WCW/CRW/SAC/. For additional information on extended learning in after-school programs in schools, contact the U.S. Department of Education, please call (800) USA-LEARN or visit the World Wide Web site at: http://www.ed.gov/PFIE.

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THE WHITE HOUSE

WASHINGTON

If you're a working parent, chances are that you have struggled to find affordable, quality child care. Like millions of others, you know just how important child care is to your family's well being and to your ability to work without worry. Yet for too long, parents across our country have struggled with too little information, too few choices and too much anxiety.

For far too long, America's families have faced this problem alone. Now it is time to move this issue to the top of our country's agenda. We have a special opportunity to do that when the President and I host a White House conference on child care on October 23. We hope that this conference will begin an honest national discussion about child care and build on promising efforts already underway in states and communities.

Here are some of the questions we need to answer -- as individual parents and as a nation: How can we ensure that children in care are safe from harm? What are the best ways to make the hours children spend in care as stimulating and nurturing as possible? How can we do a better job of valuing the important work of child care professionals? How can we encourage employers to provide child care benefits to their employees, a practice that makes sense not just for children, but for the corporate bottom line, as well? How can we put into practice what research tells us -- that when children participate in good after-school programs, they do better in school, don't engage in risky behavior and thrive? And how can we genuinely support parents who choose, often at significant economic cost, to stay at home with their children?

When I was a working mother with a young child, my friends and I shared these concerns. Today, when families are under even greater stress, I continue to worry about how we can meet the challenge of strengthening child care for American families. The President and I believe it will take parents, businesses, child care providers, experts, advocates, and officials at all levels of government working together to ensure that children get the care they need to learn and grow, that parents have peace of mind while on the job, and that employers can count on responsible, attentive workers. I hope you will join in this important discussion.

Hillary Rodham Clinton

The First Lady's Letter will be appearing in a number of magazines this month.

Maximizing Florida's Brain Power, 1997
Florida's Brain Resources (Trainers)

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PROGRAMS, SERVICES & MATERIALS
TO ENHANCE INFANT DEVELOPMENT

Professional Resources For Born to Read: A Selected Bibliography

Prepared by Carole D. Fiore

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Last updated November 4, 1998

Florida Department of State
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Library Services and Technology Act
Born to Read

Age and Developmentally Appropriate Toys and Manipulative Objects

Baby's First Blocks. Fisher Price.

Shape sorting helps develop dexterity while teaching baby to match shapes. Twelve plastic blocks (3 shapes) in primary colors are easy for baby to grasp and hold. All the blocks store in the plastic canister. Six to 36 months.

Baby Soft Blocks. Ritvik.

Soft interlocking blocks promote grasping, stimulated visual and motor skills. The squeezable materials used in these toys are ideal for teething. Three to 24 months.

Book and First Blocks. Bright Starts Play to Learn Toys. Kids II

This infant development toy will encourage sensory and motor stimulation through the use of high contract, interactive blocks. The book contains tips for care givers

Fold 'n Go Busy Block. Playskool.

Fold 'n Go Block has lots of sights, sounds, and activities on one side to delights babies. The other side has bold black-and-white patterns that fascinate newborns and encourage their visual skills. Newborn and up.

Foot Rattles. Bright Starts Play to Learn Toys. Kids II

These sensory/motor stimulation toys incorporate sounds and texture to stimulate baby's senses. Birth and up.

Fun Links. Bright Starts Play to Learn Toys. Kids II, Inc.

This infant development toy is designed to stimulate baby's senses and enhance his or her natural curiosity. Thirty-six black, white, and red interlocking links. Birth and up.

Jingle Staxx. Playskool.

This set of inflatable toys features four stackable shapes that slied easily onto the cone and help develop baby's eye/hand coordination and cognitive skills. The colorful base (also inflatable) has a jingling sound. Six months and up.

Mega Blocks. Ritvik.

Large interlocking blocks come in a variety of collections. All stimulate motor skills and creative play.. One year and up.

Musical Mirror. Playskool.

Babies will be fascinated by their image in the shatter resistant mirror. Easy to press button activates the music - 9 favorite nursery rhymes. Can be mounted in the crib or placed on the floor. A built in handle for carrying. Birth and up.

Polka-Dot Rattle. Sassy Toys for Baby.

A first rattle that is easy to grasp and rattle. Multiple textures, colors. Advances the early development of moving and exploring and encourages baby's grasp reflex. Prompts baby to follow the rattle, first with the eyes, and later with both head and neck. Birth and up.

Rattle & Touch Ball. Fisher-Price.

High contrast colors in fun shapes made from soft fabrics with different textures encourage babies to touch and explore. A rattle inside helps develop listening skills. Birth to 24 months.

Rock-a-Stack, Fisher-Price.

Traditional stacking toy with washable parts. Safe for teething. Six to 36 months.

Smiley Face Rattle. Sassy Toys for Baby.

This rattle has many sounds and sights to delight and interest babies, who will react to faces by the age of 2 to 3 months. The unbreakable mirror stimulates interacting and self-awareness. Three months and up.

Soft Book. Bright Starts Play to Learn Toys. Kids II

Done in black, white, and red, this promotes sensory stimulation for infants from the day they are born. This "book" unfolds to show ABC objects and numbers and includes a baby safe mirror.

Stack 'n Learn. Lego Primo.

Five stackable blocks in bright primary colors. Six to 24 months.

3 Soft Shapes - Bright Steps, Step 1. Infantino.

Promotes eye-hand coordination and imaginative play during baby's growing steps. Baby's first blocks are soft and easy to grab. The velour shapes are constructed in bright, high contrast colors and squeak, rattle, and crinkle. Three months and up.

Very Soft Baby. Playskool.

This baby doll has the cozy fleece and smooth satin of a baby's blanket that is comforting to children. Babies will snuggle the extra-soft body that is easy to hold. The doll giggles when squeezed. Available as a white or African-American child. Birth and up.

Improving Early Identification of Communication Disorders:

Engaging Parents in the Process

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Born to Read Capacity Building Workshop
Tallahassee, FL.
November 9, 1998

OUTLINE OF PRESENTATION

I. The Problem: Need for Earlier Identification of Developmental Disabilities
II. The Challenge: Role of Family Members in Evaluation and Assessment
III. Preliminary Findings with CSBS Developmental Profile
IV. Implications for Early Identification and Measurement of Growth

****

- There is a critical need to improve early identification of developmental disabilities

Percentage of the population receiving special education or early intervention services in 1993-94

School-Age Children	6 to 21 years	12.0%
Preschool Children	3 to 5 years	4.4%
Infants and Toddlers	Birth to 2 years	1.4 %

- Problems in communication and language are the most common symptom across categories of developmental disabilities and may the first sign of a developmental delay.

Percentage of school-age students receiving special education services in each disability

Disability Category	*% Served*
Specific Learning Disabilities	51.1
Speech or Language	20.8
Mental Retardation	11.[illegible]
Serious Emotional Disturbance	8.7
Multiple Disabilities	1.8
Hearing Impairments	1.3
Orthopedic Impairments	1.2
Other Health Impairments	2.2
Visual Impairments	0.5
Autism	0.5
Deaf-blindness	0.1
Traumatic Brain Injury	0.1

- A child's rate of language acquisition may be solidified by two to three years of age based on the rapid maturation of the brain during the first three years of life.

Parents may talk less and interact in less effective ways to children who are late in talking. Children with developmental delays may not give adequate cues to caregivers and may not respond to caregivers' bids for interaction. Early intervention through parent support and education can help prevent a cumulative deficit in development.

- Instead of waiting to see if a child is late in talking, it is important to evaluate skills that are early indicators of language development.

High risk indicators for persisting language difficulties in young children:

Emotion and Use of Eye Gaze
- limited ability to share attention and affective states with eye gaze and facial expression
- limited use of gaze shifts between people and objects
- delay in comprehending and following others' points and eye gaze

Use of Communication
- low rate of communicating with gestures and/or vocalizations
- limited range of communicative functions, particularly lacking in the joint attention function

Use of Gestures
- limited repertoire of conventional gestures (i.e., giving, showing, reaching, pointing)
- limited use of symbolic gestures (i.e., waving, nodding head, depictive gestures)
- reliance on gestures and a limited use of vocalizations to communicate

Use of Sounds
- limited consonant inventory
- immature syllable structure

Understanding and Use of Words
- delay in both language comprehension and production

Use of Objects
- a delay in the spontaneous use of action schemes in symbolic play
- limited ability to imitate actions on objects

Adapted from Kasari, Sigman, Mundy, & Yirmiya, 1990; Mundy, Sigman, & Kasari, 1990; Paul, 1991; Paul, Looney, & Dahm, 1991; Rescorla & Goosens, 1992; Snyder, 1978; Terrell & Schwartz, 1988; Thal & Tobias, 1992; Thal, Tobias, & Morrison, 1991; Wetherby & Prizant, 1993; Wetherby & Prizant, 1996; Wetherby & Prutting, 1984; Wetherby, Yonclas, & Bryan, 1989; Wetherby, Prizant, & Hutchinson, 1998)

Assessment Procedures used in the *CSBS Developmental Profile* (Wetherby & Prizant, 1998)

(1) **Infant/Toddler Checklist for Communication and Language Development:** Gather information from family members through one-page checklist to determine whether a referral for an evaluation is needed.

(2) **Caregiver Questionnaire:** Gather information from family members through four-page questionnaire or interview

(3) **Behavior Sample**: Caregiver is present and professional coaches caregiver on procedures to evaluate child

- Warm-up
- Communicative Temptations
- Sharing Books
- Symbolic Play Probes
- Language Comprehension Probes
- Constructive Play Probes

(4) **Caregiver Perception Form**: Caregiver rates how typical child's behavior is during child evaluation

- Alertness
- Emotional reaction
- Level of interest and attention
- Comfort level
- Level of activity
- Overall level of communication
- Organization and focus of play

Infants & toddlers grow at an *amazing* rate.

How can a parent know *what is typical*?

Here's what's happening as children develop gestures, sounds, and words to communicate...

9 months

- smile and laugh while looking at you
- turn to sounds they hear
- reach for things they want
- use their voice to get help and attention

12 months

- recognize their name
- understand simple directions with gestures
- play peek-a-boo and pat-a-cake
- give you things
- show you things that interest them
- use sounds and a few words

15 months

- use lots of gestures and sounds
- use some words to communicate, like "mama," "dada," "bottle," "bye-bye," and "uh-oh"
- understand simple questions like, "Where is your bottle?"
- play with a variety of toys like blocks, cars, books, and dolls

18 months

- use more than 10 to 20 words
- make more than 5 different consonant sounds, like /m/ /n/, /p/, /b/, /t/, and /d/
- can imitate words you say
- can identify objects when named
- will play by pretending to feed doll or stuffed animal

24 months

- use more than 50 words
- combine words together to make simple sentences like, "Mommy go," and "What's that?"
- put actions together during play like stirring, scooping, and feeding a doll
- recognize pictures in books and listen to simple stories

FIRST WORDS *Project*

Providing communication-based early identification and intervention services, resources, and support to young children and their families

Florida State University
Department of Communication Disorders

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Infant/Toddler Checklist for Communication and Language Development

Amy M. Wetherby & Barry M. Prizant © 1998 by Applied Symbolix. All rights reserved.

Child's Name: _____ Date of Birth: _____

Filled out by: _____ Date filled out: _____

Instructions for Caregivers: This checklist is designed to identify different aspects of development in infants and toddlers. Many behaviors that develop before children talk may indicate whether or not a child will have difficulty learning to talk. This checklist should be completed by a caregiver when the child is between **6 and 24 months of age** to determine whether a referral for an evaluation is needed. The caregiver may be either a parent or other person who nurtures the child daily. Please check all the choices that best describe your child's behavior. If you are not sure, please choose the closest response based on your experience. **Children at your child's age are not necessarily expected to be able to do all the behaviors listed.**

Emotion and Use of Eye Gaze

1. Do you know when your child is happy and when your child is upset? ❒ Not Yet ❒ Sometimes ❒ Often
2. When your child plays with toys, does he/she look at you to see if you are watching? ❒ Not Yet ❒ Sometimes ❒ Often
3. Does your child smile or laugh while looking at you? ❒ Not Yet ❒ Sometimes ❒ Often
4. When you look at and point to a toy across the room, does your child look at it? ❒ Not Yet ❒ Sometimes ❒ Often

Use of Communication

5. Does your child let you know that he/she needs help or wants an object out of reach? ❒ Not Yet ❒ Sometimes ❒ Often
6. When you are not paying attention to your child, does he/she try to get your attention? ❒ Not Yet ❒ Sometimes ❒ Often
7. Does your child do things just to get you to laugh? ❒ Not Yet ❒ Sometimes ❒ Often
8. Does your child try to get you to notice interesting objects—just to get you to look at the objects, not to get you do anything with them? ❒ Not Yet ❒ Sometimes ❒ Often

Use of Gestures

9. Does your child pick up objects and give them to you? ❒ Not Yet ❒ Sometimes ❒ Often
10. Does your child show objects to you without giving you the object? ❒ Not Yet ❒ Sometimes ❒ Often
11. Does your child wave to greet people? ❒ Not Yet ❒ Sometimes ❒ Often
12. Does your child point to objects? ❒ Not Yet ❒ Sometimes ❒ Often
13. Does your child nod his/her head to indicate yes? ❒ Not Yet ❒ Sometimes ❒ Often

Use of Sounds

14. Does your child use sounds to get attention or help? ❒ Not Yet ❒ Sometimes ❒ Often
15. Does your child string sounds together, such as uh oh, mama, gaga, bye bye, bada? ❒ Not Yet ❒ Sometimes ❒ Often
16. About how many of the following consonant sounds does your child use: ma, na, ba, da, ga, wa, la, ya, sa, sha? ❒ None ❒ 1-2 ❒ 3-4 ❒ 5-8 ❒ over 8

Understanding and Use of Words

17. When you call your child's name, does he/she respond by looking or turning toward you? ❒ Not Yet ❒ Sometimes ❒ Often
18. About how many different words or phrases does your child understand without gestures? For example, if you say "where's your tummy", "where's daddy", "give me ball", or "come here", without showing or pointing, your child will respond appropriately. ❒ None ❒ 1–3 ❒ 4–10 ❒ 11–30 ❒ over 30
19. About how many different words does your child use meaningfully that you recognize (such as baba for bottle; gaggie for doggie)? ❒ None ❒ 1–3 ❒ 4–10 ❒ 11–20 ❒ over 20
20. Does your child put two words together (such as more cookie; bye-bye daddy)? ❒ Not Yet ❒ Sometimes ❒ Often

Use of Objects

21. Does your child show interest in playing with a variety of objects? ❒ Not Yet ❒ Sometimes ❒ Often
22. About how many of the following objects does your child use appropriately: cup, bottle, bowl, spoon, comb or brush, toothbrush, washcloth, ball, toy vehicle, toy telephone? ❒ None ❒ 1–2 ❒ 3–4 ❒ 5–8 ❒ over 8
23. About how many blocks (or rings) does your child stack? **Stacks:** ❒ None ❒ 2 blocks ❒ 3-4 blocks ❒ 5 or more blocks
24. Does your child pretend to play with toys (such as feed a stuffed animal, put a doll to sleep, put an animal figure in a vehicle). ❒ Not Yet ❒ Sometimes ❒ Often

Evaluation Parameters Measured with the *CSBS Developmental Profile*

(Wetherby & Prizant, 1998)

EMOTION AND EYE GAZE

1. **Gaze Shifts**- alternating eye gaze between a person and an object and back (i.e., person-object-person or object-person-object).
2. **Shared Positive Affect**- clear facial expression of pleasure or excitement directed toward other with eye gaze.
3. **Gaze/Point Following**- responding to another's point/gaze by turning head or following with eye gaze

COMMUNICATION

4. **Rate of Communicating** - frequency of communicative acts displayed per sampling opportunity.
5. **Behavioral Regulation**- use of communication to regulate behavior of another to obtain or restrict an environmental goal.
6. **Social Interaction**- use of communication to attract attention to self.
7. **Joint Attention**- use of communication to direct another's attention to an object or event.

USE OF GESTURES

8. **Conventional Gestures**- repertoire of gestural communication with shared or conventional meaning, including giving, showing, pushing/pulling away, reaching, pointing, waving, nodding head, and shaking head.
9. **Distal Gestures**- gestural communicative acts in which the child's hand does not touch a person or object (e.g., open-hand reaching, pointing at a distance, waving).

USE OF SOUNDS

10. **Syllables with Consonants**- vocal communicative acts that are transcribable vowel plus consonant combinations.
11. **Inventory of Consonants**- the variety of different consonants produced in communicative acts.

USE OF WORDS

12. **Words**- use of words (i.e., spoken or signed) in communicative acts; a word or word approximation must be used to refer to a specific object, action or attribute and only that word class.
13. **Inventory of Words**- sample of different words used (i.e., spoken or signed) in communicative acts.
14. **Word Combinations**- use of multiword combinations in communicative acts.
15. **Inventory of Word Combinations**- sample of different word combinations used in communicative acts.

UNDERSTANDING OF WORDS

16. **Language Comprehension**- comprehension of object names, person names, and body parts.

USE OF OBJECTS

17. **Inventory of Action Schemes**- the variety of different action schemes used with objects in symbolic play.
18. **Action Schemes Toward Other**- the use of action schemes with objects toward other agents in pretend play.
19. **Action Schemes in Sequence**- the use of action schemes with objects in sequence of different action schemes in pretend play.
20. **Constructive Play**- the use of objects in combination to construct a product; that is, to stack a tower of blocks.

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Born to Read:
Books for Babies, Infants, and Toddlers

Prepared by Carole D. Fiore

Every good Born to Read program features lots of books for parents and caregivers to share with their children. The following is a list of some of my favorites to share with children from the day they are born through three years of age. Make certain that you have lots of books in your library collection that parents can check out when they come to the library. Provide deposit collections for use in health care provider waiting rooms. Distribute books to parents through child care centers and hospitals. All are possible components for Born to Read programs. Many of the books included on this list are board books for the very youngest; others are for older children in the program as well as the older siblings of the infants. Try to have as many of these and more available for the families in your Born to Read programs. Don't forget to have music cassettes and CDs.

Carole D. Fiore
Library Program Specialist
State Library of Florida

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Born To Read/*Nacido Para Leer*

A bilingual program developed for Hispanic teen mothers

Funded by the Texas State Library and the
U.S. Department of Education

Presented by
Rose V. Treviño
Children's Services Coordinator
San Antonio Public Library

Up The Leadership Ladder
Indianapolis, Indiana
October 30, 1998

A new service is born!

The San Antonio Public Library's Born To Read/*Nacido Para Leer* program is made up of four parts:

1. Video: a 5½ minute video was produced in English and in Spanish to introduce teen mothers to the importance of reading to their babies.
2. Manual: a bilingual manual was produced and includes reading tips; annotated book lists of age-appropriate materials for babies, newborn through 24 months; plus an selection of finger plays, songs, rhymes, and lullabies.
3. Diaper packet: a packet shaped like a diaper and filled with bilingual bookmarks plus a coupon to be redeemed for a free board book for baby is distributed to teen mothers.
4. Parenting collection & board book collection: a collection of high-low parenting material was purchased as were board books especially for babies, newborn through 24 months. When available, the materials were purchased in English and Spanish.

Program Objectives:

1. Inform teen mothers about library services and the benefits of reading to their babies.
2. Demonstrate various ways for teens to share books with their babies and introduce finger plays, rhymes, and songs in Spanish and in English.

Targeted sites:

All area high schools, plus one middle school

W.I.C. (Women, Infants & Children) sites: a program sponsored by the San Antonio Metropolitan Health District with a focus on teen pregancy, prenatal care, and well-child care.

Headstart sites

Early Headstart sites

Texas Migrant Council

Catholic Charities: a program for pregnant teens

Healy Murphy: a center for troubled teens, many of them young and pregnant

Dwyer House: a homeless shelter

Avance: a program for mothers with limited resources and education

Parent Child Inc.

Healthy Steps: a grant funded program for teen mothers based out of a pediatrician's office in an area of the city where the teen pregnancy rate is highest.

A profile of Hispanic teen mothers:

Hispanic teen mothers unfortunately often have numerous interruptions in their schooling and many do not receive a high school diploma. Reading skills may not be adequate, and as a result these mothers may not be comfortable reading to their children. They may not be aware of resources for acquiring reading skills or of resources for simple children's books. Library skills as well as library experiences may be poor and in many cases, nonexistent. Some are primarily Spanish-speaking, with many having English as a second language.

Some things to know about Hispanics:

(This is primarily true of the poor and disadvantaged Hispanics and not necessarily those who are educated and well-to-do with a middle class upbringing.)

1. Children are taught, at an early age, to show respect to an adult or to a person of authority by not looking directly at the person's eyes. You may think a young patron is not listening to you because they appear to be looking at the floor, but they are listening.
2. Hispanics have a hard time questioning authority and often fear authority.
3. Hispanics will not seek out help, but this does not mean that they are not interested in finding materials. They do not want to bother people or impose on them.
4. A Hispanic household is often made up of an extended family with grown, married children living in their parent's home. Homes tend to be small and crowded and, therefore, children have less sense of boundaries. (e.g. children may grab each other's pencils without asking and are more likely to roughhouse.)
5. Some Hispanic households may fear Immigration and will be cautious about signing up for a library card because then they will be "on record."
6. In some Hispanic households, the parents speak Spanish only. They must rely on their children to get information for them.
7. Hispanic children may be less responsive in a group setting because of little or no exposure to group situations.
8. Hispanic children have a less developed vocabulary because of a lack of interaction in the home.
9. In Mexico, libraries are for the elite. That in itself is a major barrier.

Reading Tips

Turn of the TV and radio before you begin reading with your baby.

Sit your baby on your lap or close to you on the floor.

Read with emotion. Change your voice for different characters.

Show your baby the pictures in the book.

Set aside a special reading time each day.

Let your baby be noisy and active while you are reading.

Consejos Para Cuando Leas A Su Bebé

Apaga el televisor y el radio antes que comienzas a leer con su bebé.

Sienta a su bebé en su regazo o cerca de ti en el piso.

Lee con emoción. Cambie el tono de tu voz para los carácters diferentes.

Enseñe a su bebé los dibujos en el libro.

Reserva un tiempo especial para leer cada día.

Deja a su bebé que sea ruidoso y activo cuado lees.

Reading Begins At Home

What can you do to help your baby develop a healthy mind?

Read to baby.

Tell your baby stories about your family.

Limit the time your baby spends watching television.

Keep a collection of children's books and magazines at home.

Sing to your baby.

Recite nursery rhymes to your baby.

Take your baby to the library to check out books.

Bring your baby to storytime at the library.

El Gusto Por Leer Comienza en la Casa

¿Que puede hacer usted para preparar a su bebé para que aprenda a leer?

Lea junto con su bebé.

Cuéntele a su bebé historias sobre la familia.

Límite la cantidad del tiempo que pasa su bebé frente a la televisión.

Tenga libros y revistas para los bebés en la casa.

Cante con su bebé.

Comparta con su bebé sus poemas favoritos.

Lléve a su bebé a la biblioteca y pida libros prestados para bebé.

Lléve a su bebé a la hora en que se leen cuentos en la biblioteca.

Songs/Canciones:

This song is sung to the tune of "Ten Little Indians"

Diez Deditos	**Ten Little Fingers**
Uno, dos, tres deditos,	One, two, three little fingers,
cuatro, cinco, seis deditos,	four, five, six little fingers,
siete, ocho, nueve deditos,	seven, eight, nine little fingers,
y uno más son diez.	And one more makes ten.

This song is sung to the tune of "Are You Sleeping?"

Buenos Días	**Good Morning**
Buenos días, buenos días,	Good morning, good morning,
¿cómo estás? ¿cómo estás?	How are you? how are you?
muy bién gracias,	very well, thank you,
muy bién gracias	very well, thank you
¿y usted? ¿y usted?	And you? And you?

Los Pollitos	**The Baby Chicks**
Los pollitos dicen	Baby chicks are singing
"Pío, pío, pío,"	"Pío, pío, pío,"
Cuando tienen hambre,	"Mama we are hungry,"
Cuando tienen frio.	"Mama we are cold."
La gallina busca	Mama looks for wheat,
El maíz y el trigo,	Mama looks for corn,
Les da la comida	Mama feeds them dinner,
Y les presta abrigo.	Mama keeps them warm.
Bajo sus dos alas	Under mama's wings
Acurrucaditos	Sleeping in the hay
Hasta el otro día	Baby chicks all huddle
Duermen los pollitos.	Until the next day.

Chocolate	**Chocolate**
Uno, dos, tres, CHO	One, two, three, CHO
Uno, dos, tres, CO	One, two, three, CO
Uno, dos, tres LA	One, two, three, LA
Uno, dos, tres TE	One, two, three, TE

Uno, dos, tres, CHO
Uno, dos, tres CO
Uno, dos, tres LA
Uno, dos, tres TE

Chocolate, chocolate,
Bate, bate chocolate.

Chocolate, chocolate,
Bate, bate chocolate.

One, two, three, CHO
One, two, three, CO
One, two, three, LA
One, two, three, TE

Chocolate, chocolate,
Beat and beat the chocolate.

Chocolate, chocolate,
Beat and beat the chocolate.

Rhymes/Rimas:

El Día En Que Tú Naciste
El día en que tú naciste
nacieron las cosas bellas.
Nació el Sol,
nació la Luna
y nacieron las Estrellas.

On the Day You Were Born
On the day you were born,
beautiful things were born.
The sun was born,
the Moon was born,
And the Stars were born.

This little rhyme has traditionally been recited when a child injures himself.

Sana, Sana
Sana, sana
colita de rana,
si no sanas hoy
sanarás mañana.

Heal, Heal
Heal, heal
Little frog tail
If you don't heal today
you'll be healed tomorrow.

El Gato
Cuatro patas
tiene un gato,
una, dos, tres, cuatro.

The Cat
Four legs
has a cat.
One, two, three, four.

Cinco Pollitos

Cinco pollitos
tiene mi tía
uno le canta,
otro le pía,
y tres le tocan la chirimía.

Five Little Chicks

Five little chicks
belong to my aunt
one sings to her,
one peeps,
And three play music.

Finger plays/Juegos Con Dedos:

La Luna

Ahí viene la luna,
(Ponga los dedos juntos en forma de la luna)
Comiendo una tuna,
(Pretenda comer con los dedos)
Echó las cáscaras en esta laguna.
(Haga cosquillas en el estómago del niño.)

The Moon

Here comes the moon,
(form a moon by putting your arms above your head)
Eating prickly-pear fruit,
(Pretend to eat with your fingers)
Throwing the peel into the pond.
(Tickle child's tummy.)

Mi Familia

Este chiquito es mi hermanito.
Esta es mi mamá.
Este altito es mi papá.
Esta es mi hermana.
Y este chiquito y bonito soy YO!

My Family

This tiny one is my little brother.
This one is my mother.
This tall one is my father.
This one is my sister.
And this little pretty one is ME!

Este Marranito

Este marranito fue de compras.
Este marranito se quedó en casa.
Este marranito comió carne asada.
Este marranito comió nada.
Y este marranito lloró
Gui, gui, gui hasta que llegó a casa.

This Little Piggy

This little piggy went to market.
This little piggy stayed home.
This little piggy had roast beef.
This little piggy had none.
And this little piggy cried
Wee, wee, wee all the way home.

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Born To Read/*Nacido Para Leer*
prepared by Rose V. Treviño
San Antonio Public Library
Pronunciation guide for the songs, rhymes and fingerplays:

Diez Deditos	thee YEZ theh THEE tohs
Uno, dos, tres deditos,	
cuatro, cinco, seis deditos,	
siete, ocho, nueve deditos,	
y uno más son diez.	

(The "d" in Spanish sounds like a "th" in most cases)

Buenos Días	BWEN ohs THEE awes
Buenos días, buenos días,	
¿cómo estás? ¿cómo estás?	COH moh ess TAHZ
muy bién gracias,	mooy byen
muy bién gracias	
¿y usted? ¿y usted?	ee oos TEHD

Los Pollitos	lohs poy EE tohs
Los pollitos dicen	lohs poy EE tohs THEE sen
"Pío, pío, pío,"	PEE yoh
Cuando tienen hambre,	KWAHN doh TYEN en OM brehy
Cuando tienen frio.	KWAHN doh TYEN en FREE oh
La gallina busca	la guy EE nah BOOS caw
El maiz y el trigo,	el my EESE ee el THREE goh
Les da la comida	less thah la coh ME thah
Y les presta abrigo.	Ee less PRESS tah ah BREE goh
Bajo sus dos alas	BAH hoh soose thohs AH las
Acurrucaditos	ah coo roo cah THEE tohs
Hasta el otro día	OZ tah el OH troh THEE ah
Duermen los pollitos.	THWHERE men lohs poy EE tohs

Chocolate	choh coh LA teh
Uno, dos, tres, CHO	
Uno, dos, tres, CO	
Uno, dos, tres LA	
Uno, dos, tres TE	

Uno, dos, tres, CHO
Uno, dos, tres CO
Uno, dos, tres LA
Uno, dos, tres TE

Chocolate, chocolate,
Bate, bate chocolate. BAH teh

Chocolate, chocolate,
Bate, bate chocolate.

El Día En Que Tú Naciste el THEE ah en keh two nah SEE stah
El día en que tú naciste
nacieron las cosas bellas. nah see ERR ohn las COH soss BEY ahs
Nació el Sol, noss SYOH el sohl
nació la Luna noss SYOH la LOO nah
y nacieron las Estrellas. Ee nah see ERR ohn las ess THREY ahs

Sana, Sana SAW nah
Sana, sana
colita de rana, coh LEE tah theh RAH nah
si no sanas hoy see noh SAW nahs oye
sanarás mañana. Saw nah RAHS maw NYAH nah

El Gato el GAW toh
Cuatro patas CWAH throh PAW tahs
tiene un gato, TYEN eh oon GAW toh
una, dos, tres, cuatro.

Cinco Pollitos SEEN coh poy EE tohs
Cinco pollitos
tiene mi tía TYEN eh me THEE ah
uno le canta, OON oh leh CAWN tah
otro le pía, OH throh leh PEE ah
y tres le tocan la chirimía. Ee thress le TOH cahn la chee ree ME ah

La Luna	la LOO nah
Ahí viene la luna,	ah YEE VYEN eh la LOO nah
(Ponga los dedos juntos en forma de la luna)	
Comiendo una tuna,	coh MYEN doh OON ah TOO nah
(Pretenda comer con los dedos)	
Echó las cáscaras en esta laguna.	eh CHOE las COSS cah rahs en ESS tah la GOO nah
Mi Familia	me fah ME lee ah
Este chiquito es mi hermanito.	ESS teh chee KEE toh ess me err maw KNEE toh
Esta es mi mamá.	ESS tah ess me ma MA
Este altito es mi papá.	ESS teh all TEA toh ess me pa PA
Esta es mi hermana.	ESS tah ess me err MAW nah
¡Y este chiquito y bonito soy YO!	ee ESS the chee KEE toh ee boh KNEE toh soy yoh
Este Marranito	ESS teh maw raw KNEE toh
Este marranito fue de compras.	...fweh theh COHM prahs
Este marranito se quedó en casa.	...seh KEH thoh en CAW saw
Este marranito comió carne asada.	...coh MYOE CAHR neh ah SAW thah
Este marranito comió nada.	...coh MYOE nah thah
Y este marranito lloró	...yoh ROH
Gui, gui, gui hasta que llegó a casa.	Wee, wee, wee OZ tah keh yeh GOH

A Focus on Fathers: The Role of Males in Children's Literacy Development

Steven Herb and Sara Willoughby-Herb

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This article examines an often-overlooked issue of gender equity—the importance of fathers in the development of their children. In a culture filled with single mothers, the last thing we need is more evidence that two parents may be better than one. It is important, however, to focus on specific effects fathers and males have on the development of children and to find ways for libraries to support those influences in all families.

Our interest in gender influences on literacy development began with observing our two daughters' different reactions to our reading aloud and storytelling habits at different ages and stages in their lives. Both girls had distinct views on what their parents should be reading to them and how they should be performing. The girls did not permit Sara to do voices of characters that differed too much from her own, while they gave Steven carte blanche. Where had these preferences and differences come from?

In a child development text the topic was discussed under the heading "Fathers and Other Playmates."[1] The authors acknowledged that babies became attached to their fathers as readily as to their mothers, but that the types of play often differed between parents. Fathers often engaged in more physical play, and invented new and unusual games.[2] Fathers' interactions with infants indicated they devoted a larger portion of that time to play than did mothers. [It is probably worth noting that, since mothers still provide most of the minute-to-minute care of young children even in two-parent families, the percentage of infant-mother play may shrink in the face of a broader range of other types of interactions.]

Coming of age in the 1960s, we were especially cautious about drawing conclusions regarding differences between parents that seemed exclusively gender based; however, we were not as cautious about having fun with some male/female stereotypes. We smiled knowingly and found hearty audience agreement each time we read Anthony Browne's *Piggybook* aloud to our workshop audiences of mostly female teachers and librarians.[3] A question from a young father following such a workshop cemented our interest in the role of males in children's literature. He wondered if there weren't some books for his children that portrayed fathers in a kinder light.

We, as librarians, are always striving to provide libraries where all children can find materials that interest them, and find "themselves" portrayed in books. But have we given enough thought to our selection of books portraying fathers and to programs that attracted fathers to the important world of libraries and reading? It seems especially important to convey the positive effects fathers can have to the fathers themselves, and to provide opportunities to engage fathers in their children's literacy development through library media centers and public libraries. What are the attributes of good fathering that should be present in all children's lives regardless of their parenting circumstances? The overarching goal of focusing on fathers is to assist librarians, library media specialists, and others who are involved in nurturing children's literacy development, to extend and connect literacy learning into their regular interactions with fathers and/or other significant males in their communities. In doing so we join a range of professionals currently urging our society to strengthen children's connections to significant males in their lives for the benefit of all families.

Male Presence Lacking in Many Children's Lives

In her book *Community Child Health*, Judith Palfrey notes, paradoxically, that although the adult:child ratio in the United States has almost doubled during

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this century (from 1.64 to 3.54), children are not benefiting. Fewer children than ever are growing up in two-parent families (58 percent); and this number alone doesn't tell the whole story, as many of these children may not be enjoying the benefits of a two-parent family. As many as 16 percent of the children growing up in two parent families are actually living in reconstituted families, and may or may not be enjoying a close relationship with both parents. In other two-parent homes, long commutes to work may create conditions more like those in single-parent homes.[4]

In his study of children who are vulnerable, Harvard University professor Richard Weissbourd reports on the predictable diminution of fathers from children's lives after divorce. This begins with the divorce itself when, in 90 percent of cases, mothers are granted custody of the children. From that moment on, "only one-sixth of all children will see their fathers as often as once a week after a divorce, and close to one-half will not see them at all. Ten years after a divorce, fathers will be entirely absent from the lives of almost two-thirds of these children."[5]

Involvement with Fathers Benefits Children

Research studies of children from one- and two-parent families have long substantiated the relationship between fathers' positive involvement with their children and the children's accomplishments, particularly in the areas of socialization and achievement. For this discussion, we refer to involvement as Ross Parke described it in his book *Fatherhood*. Parke characterized involvement as a father taking responsibility for his children, being available to them, and interacting with them. Regarding the nature of the interactions Parke adds that while fathers contribute to children's development primarily through playful interactions, fatherhood today demands that interactions be extended to include sensitive and empathic relations as well.

That children's socialization is enhanced by interactions with their fathers is apparent from the first months of life and continues through adulthood.[7] Researchers note that as fathers spend more time with their families, they become more attached to their children and knowledgeable about them.[8] While babies gaze for long periods of time at their mothers, they laugh and smile more at their fathers. Further, babies who have more contact with their fathers adjust to strangers better than babies who have less contact with their fathers. Positive outcomes of fathers' playful interactions can be seen in the school years where researchers find that "popular children have fathers who are able to sustain physical play for longer periods and use less directive or coercive tactics."[9]

Fathers appear to play an important role in helping children learn to regulate their own emotionality, and understand and communicate emotional feelings with others. This important connection with a child's emotionality is seen again in adolescence when fathers, more often than mothers, nurture the teenager's quest for independence. Lasting effects of positive interactions between children and their fathers were noted in a twenty-six year follow-up of a child-rearing study that found the "most powerful predictor of empathy in adulthood was paternal child-rearing involvement at age five."[10]

Children raised without fathers are at risk for socialization problems, although these problems vary across groups of children.[11] Problems are more pronounced among white than black children, and among boys than girls. In school settings girls from father-absent homes are more likely to have difficulty getting along with peers and paying attention, and to cheat and lie. Likewise, boys from father-absent homes are more liable to be disobedient, unpopular, have friends who are deviant, and be sad and depressed. In her book *The Trouble with Boys*, Angela Phillips agrees that sons seem particularly vulnerable when raised without fathers. She speculates that perhaps mothers who are divorced find it more difficult to teach their sons about the "goodness" of being a male.[12]

Achievement is another important area of paternal influence. In Phillips' study of how fathers' involvement affects boys, she notes that high achieving boys are more often those who have an opportunity to spend an average of two or more hours a day with their fathers.[13] Her studies also show that the achievement of boys from working-class families is more adversely affected by a father's absence than that of their middle-class peers.

In Parke's review of research studies on achievement, he notes that children from single-parent homes often appear to suffer academically. They are at greater risk to drop out of high school and have lower test scores and grade point averages, poorer attendance, and lower expectations concerning college attendance. Parke comments that, as with socialization, a father's presence has differential effects on boys and girls. Boy babies who are raised without their fathers spent less time exploring and examining new objects than those raised with their fathers. Girl babies benefit from the verbal stimulation that accompanies play with their fathers. Both boys and girls who had an opportunity to play with fathers who were skilled playmates showed evidence of enhanced cognitive development. As children continue through school, the achievement of girls is related to their father's friendliness to both daughter and mother, and to the father's support of his daughter's autonomy and competitiveness. The highest achieving boys are those with fathers who are nurturing and who exercise appropriate control (vs. hostility).[14]

Involvement with Children Benefits Fathers

Successful experiences in fathering have positive effects upon men as well as for

their children. As with children, these effects differ from one man to another; the effects of fathering on men vary across cultures and various ages of fathers. In spite of these variations, however, there are similarities in the contributions fathering makes to men's lives. In our review of this literature, we note three particular areas of men's development enhanced by good fathering experiences: emotional support and growth, maturing of direction/purpose in life, and increased feelings of generativity.

The emotional aspects of successful family life are often an important resource for fathers, as a sense of community and close affiliation grow scarce in the world of work. Emotional engagement and competency in interaction go hand-in-hand as men learn to father their children. Goal setting for one's children is based on the belief in one's own competence to nurture those goals.

In *Fathering*, Parke cites the "enhancement of generativity" as one of the significant ways that fathering contributes to men's development. He defines generativity in terms of a person caring about and engaging in activities that will improve the outlook for future generations.[15] Wallerstein and Blakeslee noted this as a real loss among the divorced fathers they interviewed. These fathers sensed their own personal generational continuity was diminished as they lost contact with their children.[16] In their studies of families who were strengthened by parenthood, Belsky and Kelly write that babies can create a "new sense of family," and that children often bring people closer to their own parents, creating feelings of generational continuity.[17]

Considering the many ways in which involvement in fathering benefits men as well as their children, it seems appropriate to support programs that strengthen positive fathering. Such programs are bound to foster growth that is both mutual and interactive, and affects the whole family.

Timeliness for Supporting Fathering

The second half of the twentieth century has brought many changes in our society. Among the more radical are changes in family life. The long-standing historical roles of mothers and fathers within families continue to change for each generation, as more mothers go to work, children are enrolled in group child-care programs, and fathers and mothers share their once separate family roles. The disruptions caused by these changes often add stress to the lives of parents and children alike as parents struggle to define their new roles and develop skills in performing them. In their study, *The Transition to Parenthood*, Belsky and Kelly comment on the "quiet heroism of everyday parenting," noting that society gives very little support or acknowledgment for the selflessness required in becoming a good parent.[18]

For today's fathers, the everyday stress of learning to be a good parent is often complicated by the evolving changes in fathers' roles. Some of these changes are clearly evident, such as the move toward more equal sharing of child-care and household tasks between fathers and mothers, and the growing numbers of fathers who do not reside with their children. Some are less apparent, such as the changing expectation that fathers should provide developmental guidance to their daughters as well as their sons. (In the past families were larger and fathers tended to focus their child-rearing energies exclusively toward their sons.) Yet with these new demands, the historical precedence that men should primarily be good providers, and in doing so be easily able to separate responsibilities at home from those at work, are accentuated when a man becomes a father.[19]

Today's father is surely experiencing a pull between his traditional and modern roles, and is often without noteworthy role models on which he can base his parenting. Successful fathers typically report that they are not replicas of their own fathers or of other fathers they know, but rather they are using a patchwork approach and trying to put together their own idea of a good father.[20] Constructing this new father image against the powerful forces of traditional fathering is a difficult task, and we ought to expect that these new roles will be "fragile."[21]

As today's society presents challenges for fathers, it also should provide support for men setting out to challenge traditional forces and design new roles. Too often, where that support is lacking, we see men retreat from their father roles, and the benefits of fathering are lost to children as well as to their fathers. Based on his research of vulnerable children and the kinds of involvement that can buffer them, Richard Weissbourd calls on community members and organizations to begin now to "engage fathers and other men in children's lives."[22]

Libraries, Literacy, and Fathering

Public libraries and library media centers in schools have long endeavored to involve parents in their children's literacy learning, so the emphasis on fathers is merely an extension of a well-explored path. Yet it is important to consider why this library and literacy path is especially useful in engaging fathers in their children's lives. Let's consider three important aspects of such a partnership.

First, reading aloud as an activity seems to be a good prescription for developing fathers' new roles. The very image of children and parents reading together conjures a relaxed, quiet activity that is indeed a break from the hectic routine of many families' daily lives. Palfrey's experiences in child health care led her to conclude that families who are constantly "on the go" may negatively impact their children's development. Fatigue is more likely in these families, and little quiet relaxed time is spent together.[23] For fathers spend-

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cally, storybook reading, and the inevitable discussions it inspires, provides an opportunity for fathers to become involved in their children's, and their own, sensitive and empathic responses. These are the kinds of experiences that Parke contends modern men need to develop as they interact with their children.[14] They build an attachment to one's child that Belsky and Kelly identified as a step toward becoming a more knowledgeable parent.[15] Through these kinds of interactions, parents build intimate relationships with their children that are grounded in real knowledge of each other's feelings, thoughts, and behaviors. Both Parke and Phillips note that even when fathers are involved with their children, their mode of interaction is often more physical and playful than verbal.[16] In fact, many high frequency father-child activities, such as fishing, playing with computers, and watching television, require very little conversation at all. Linking fathers to their children's literacy experiences, then, would broaden traditional father-child relationships in ways more akin to the newer roles required by today's fathering.

Second, literacy activities, especially reading aloud, can be viewed as an excellent resource for fathers and fathers-to-be as they search for guidance in defining their own ideas about fathering. Last fall, a friend of ours who teaches a freshman composition course in Sara's college asked her students to write an essay about how they believe that their lives would be different from their parents' lives. Although short on specifics, the overwhelming majority of her students, both male and female, wrote that they intended to spend more time with their children than their parents had with them. Certainly, characters and incidences in stories help all readers define parameters as well as specific facets about who they might want to be, and how they might hope to behave as they travel through life. And young men are indeed searching for this kind of information, as we saw earlier in Parke's description of fathers who were patching together their own ideas of good fathering.

In his report for the Carnegie Corporation, *Today's Children*, David Hamburg writes about adolescent parents, and reminds us how unfortunate it is that adolescents' role models are largely chosen from the media or their peers. He urges us to consider that "one of the most important things we can do for adolescents is give them a clearer view of constructive adult roles and what it means to be a respected adult."[17] The best role models, of course, are those people with whom we have close relationships, but images from literature can support and provide alternatives to our personal experiences. For example, the reading of a story in which a father is able to repress his own feelings of frustration to cheer up his child provides a fine example to emulate for both the boy listener and the man who is reading. We can't assume that just any random selection of fine children's literature will provide appropriate male role models, but taking the time to choose carefully will provide excellent resources for males who are defining who they want to become in their children's lives.[18] In this time of remarkable Internet growth, it is worth remembering that books are still readily available, highly portable, and relatively inexpensive.

Finally, the library is an ideal community partner in supporting parenting. Researchers and child advocates who are concerned with improving the welfare of children in the United States recognize that communitywide efforts must be made. It is not enough to focus intervention within any one agency such as public schools or social welfare organizations. While researchers recommend the creation of Family Support Centers within communities, they also note the diversity of today's communities, and that across any day, families interact with a number of community agencies and representatives.[19] In *Starting Points: Meeting the Needs of Our Youngest Children*, the Carnegie Corporation's task force states that "the problems facing our youngest children and their families cannot be solved entirely through governmental programs and business initiatives." Rather we must mobilize whole communities to support children and families.[20] The task force's call to action includes four recommendations, which the authors say are vital for improving our children's welfare. Our linking of fathers, literacy, and libraries fits easily within two of these recommendations: the first goal of "Promoting Responsible Parenthood" and the fourth goal of "Mobilizing Communities to Support Young Children and Their Families." Our focus on fathering as a particular type of parenting reflects the literature on fathering today in which "fathers are increasingly viewed as appropriate targets of institutional assistance. This type of institutional backing is necessary in light of the fact that fathers may need disproportionate support to maximize their potential for involvement."[21]

Historically, libraries have served the diverse needs of children and their families, from the teaching of English to immigrant families in the nineteenth century to the ongoing provision of literacy activities for young children wherever they may spend their days–Head Start, home, preschool, daycare, after-school programs. We envision libraries supporting fathers as parents through activities such as: choosing and highlighting literature that is especially appropriate for fathers to share with their children, acquiring and making visible resource material related to fathering, encouraging read-aloud programs that involve fathers and other male role models in the community, encouraging fathers and other male role models to assist in children's literacy learning programs, and making certain that young males are exposed to literature that includes appropriate male role models.

We also need to remember that one of a father's or mother's most important roles, as with any two-plus parent family, is supporting the other adult in his or her parenting. Therefore, we also must encourage persons in charge of adult programming in our schools and public libraries to be sensitive to the needs of those who parent without that support, most often single mothers. ●

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Books for Babies

A Gift to You and Your Baby
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Compiled by
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Why Share Books With Babies

- Reading provides an outlet for parent and baby to spend time together and bond in a loving way.

- Babies can recognize parents' voices from birth and they feel secure knowing the parent is near and speaking to them.

- Reading provides an opportunity for babies to respond positively to parents' voices and babies may begin to imitate the parent.

- Reading to a baby begins the process of nurturing a love for books and reading.

- Reading provides a baby with rich language experiences.

- A baby understands simple words at eight to nine months of age.

- A baby is attracted to different sounds and gradually the baby attaches meaning to the sounds.

- Books provide visual stimulation for the baby.

- Books provide a way for a baby to develop vision by focusing on objects.

- Reading to a baby stimulates the baby's brain development.

- Reading provides babies with their first literacy experiences.

- Early experiences with books are linked to a child's later success in learning to read.

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How To Share Books With Babies

- Share cloth books or board (heavy cardboard) books with rounded (not pointed edges).

- Pick books with bright primary colors or books that have definite contrasts between dark and light.

- Pick books that depict objects familiar to babies, one object per page. After naming the object, talk about it in a sentence if possible.

- Pick some books that show faces of various ages and ethnic groups.

- Pick some books that can be touched or that have different textures to touch and feel.

- Pick some books that are interactive and that allow babies to insert fingers or hands through holes.

- Do not force reading on babies if they are unhappy and clearly do not want to be involved. Pick a quiet time when sharing is a pleasant experience.

- Share nursery rhymes, lullabies and songs with babies.

- Book reading should take place several times during the day, even if it is only short periods of time.

- Pick books you like and share them enthusiastically! Use different voices and sounds.

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Books For Babies

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Books for Toddlers

A Gift to You and Your Baby
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Why Share Books With Toddlers

• Reading provides a way for the parent and toddler to spend time together and bond in a loving way.

• Reading to toddlers nurtures a love for books and reading.

• A parent who loves books and loves to read is an excellent role model for a toddler.

• Early literature experiences with toddlers builds a foundation for literacy.

• Toddlers learn about book-handling and how to turn pages of books when being read to regularly. They also develop their first concepts of print. These skills are first steps for literacy.

• Early experiences with books are linked to a child's later success in learning to read.

• Reading provides toddlers with rich language experiences.

• Sharing books with toddlers provides opportunities for the child to participate verbally through repetition of words and phrases.

• Sharing picture books provides toddlers with some of their first experiences with different types of art and the expression of story through art.

How To Share Books With Toddlers

• Use board (heavy cardboard) books with rounded (not pointed edges) until books with paper pages can be shared.

• Select books with bright colors and subjects familiar to your child's world such as families, animals, typical activities like dressing or feeding oneself; or basic concepts such as colors, ABC's, or counting books (not to teach these skills however, rather for enjoyment)

• Pick texts that contain sound, recurring words, rhythm, or rhyme

• Furnish books that provide tactile experiences such as flaps to raise, surfaces to touch, finger holes to poke fingers through, or peek-a-boo books (books with circles or shapes cut out of a page that child can peek through)

• Encourage your toddler to participate by talking or making sounds or doing motions

• Share nursery rhymes and songs

• Have the child help turn the pages and select books to be read

• Read simple, short books several times a day, due to limited attention span

• Pick books you like and share them enthusiastically! Use different voices and sounds.

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Rhymes for Babies

A Gift to You and Your Baby
from
NOLA Regional Library System
and
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Compiled by
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Why Share Rhymes With Babies

• Rhymes can be a baby's first introduction to literature.

• Reading rhymes to baby begins the reading habit and introduces babies to the pleasures of reading.

• It is important to talk to your baby. Sharing rhymes is one good way of sharing language with your child.

• Rhymes provide an opportunity for you to play with your baby - babies can be directly involved.

• Rhymes do not need to make sense to babies - they will simply enjoy the sound of the words.

• Sharing rhymes can establish a pleasurable bond between you and your baby.

• You can share rhymes with babies any time of the day.

• If your baby is tired, use less active rhymes or less active motions.

• There are different types of rhymes - finger/hand rhymes, toe/foot rhymes, tickle/touch rhymes, and bounce/lift rhymes - use a variety of rhymes at different times.

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Rhymes for Babies

Pat-A-Cake

Pat-a-cake — *Clap baby's hands*
Pat-a-cake
Baker's Man.
Bake me a cake
As fast as you can.
Roll it — *Roll baby's hands*
And pat it
And mark it with a "B" — *Pat hands twice*
And put it in the oven — *Make a "B" on baby's chest*
For baby and me. — *Pat baby's tummy*

This Little Piggy

This little piggy went to market
This little piggy stayed home
This little piggy had roast beef
This little piggy had none.
And this little piggy cried
Wee, wee, wee,
All the way home.

(Starting with the big toe, touch one toe at a time holding onto the toe while saying each line until reaching the last little toe. Wiggle it while saying the last two lines and then gently touch the bottom of the foot.)

Ten Little Fingers

Ten little fingers — *Wiggle baby's fingers*
Dance and play.
Ten little fingers
Wiggle all day.

Ten little toes — *Wiggle baby's toes*
Dance and play
Ten little toes
Wiggle all day.

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Ride A Cock-Horse

Ride a cock-horse — *Bounce baby on knee facing you*
To Banbury Cross
To see a fine lady
Upon a white horse.
With rings on her fingers — *Wiggle baby's fingers*
And bells on her toes — *Wiggle baby's toes*
She shall have music — *Bounce baby on knees again*
Wherever she goes.

Shoe the Little Horse

Shoe the little horse — *Pat bottom of left foot*
Shoe the little mare — *Pat bottom of right foot*
Here a nail — *Gently tickle left foot*
There a nail — *Gently tickle right foot*
But pony goes bare. — *Wiggle both feet*

Hot Cross Buns

Hot cross buns — *Hold baby's hands*
Hot cross buns — *And clap together*
One a penny — *Swing hands left*
Two a penny — *Swing hands right*
Hot cross buns. — *Clap hands together again*
If you have no daughters — *Pull hands back to chest*
Give them to your sons — *Pull hands out again*
One a penny — *Swing hands left*
Two a penny — *Swing hands right*
Hot cross buns. — *Clap hands together again.*

Leg Over Leg

Leg over leg
Dog went to Dover
He came to a wall
Jump! He went over.
(Cross your legs and sit baby on your ankle. Bounce baby to rhythm, lifting leg up on "Jump" OR Bounce baby on knees and lift on "Jump.")

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Eeny, Meeny, Miny Mo

Eeny, meeny, miny mo
Catch a piggy by his toe.
If he hollers let him go
Eeny, meeny, miny mo.

(On first line, starting with little toe, wiggle one toe at a time until you have wiggled all four toes. On the second and third lines, wiggle the big toe. On the last line, wiggle your way back down to the little toe again.)

Eye Winker, Tom Tinker

Eye Winker	*Touch one eyelid gently*
Tome Tinker	*Touch other eyelid gently*
Nose Dropper	*Touch nose*
Mouth Eater	*Touch mouth*
Chin Chopper	*Touch chin*
Chin Chopper Chin.	*Tickle gently under chin*

To Market, To Market

To market, to market
To buy a fat pig;
Home again, home again
Jiggety jig.

To market, to market,
To buy a fat hog;
Home again, home again
Jiggety jog.

(Bounce baby gently on knees. You can also swing the baby while bouncing. On last line of each verse, lift baby up.)

Knock On The Door

Knock on the door	*Knock on baby's forehead*
Ring the bell	*Gently push nose*
Walk right in	*Tickle fingers on baby's mouth*
Uh-oh I fell!	*Tickle fingers straight down from mouth and tickle stomach.*

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One Little Piggy

One little piggy
Two little piggy
Three little piggy
Four.
But don't forget big piggy
That makes one more!
(Starting at little toe, wiggle each toe in turn until you reach the big toe)

Two Little Eyes

Two little eyes	*Point to baby's eyes*
To look around	
Two little ears	*Wiggle baby's ears*
To hear each sound	
One little nose	*Wiggle baby's nose*
That smells what's sweet	
One little mouth	*Wiggle baby's mouth*
That likes to eat.	

Ten Little Fingers

Ten little fingers	
Dance and play	*Wiggle baby's fingers*
Ten little fingers	
Wiggle all day.	
Ten little toes	
Dance and play	*Wiggle baby's toes*
Ten little toes	
Wiggle all day.	

These Are Baby's Fingers

These are baby's fingers	*Touch fingers*
These are baby's toes	*Touch toes*
This is baby's tummy button	*Point to belly button*
Round and round it goes.	*Make circles on tummy around belly button*

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Round and Round The Garden

Round and round the garden — *Make circles with your finger*
Goes the teddy bear — *on baby's palm*
One step — *Climb up arm*
Two steps
Tickle under there! — *Tickle lightly under the arm*

Trot Trot to Boston

Trot, trot to Boston
Trot, trot to Lynn,
Watch out baby
Or you'll fall in!
(On last line, open your legs and let baby fall in!)

I Like Little Pussy

I like little pussy, — *Stroke baby's head*
Her coat is so warm,
And if I don't hurt her
She'll do me no harm.

So I do not pull her tail — *Gently tug baby's ear*
Or drive her away — *Flick fingers across baby's nose*
But pussy and I — *Tickle fingers on baby's cheek*
Very gently play.

I Saw a Little Bird

I saw a little bird — *Holding baby on lap, bounce on knee*
Go hop, hop, hop. — *for each hop*
I told the little bird
To stop, stop, stop. — *Clap baby's hand together for stop*
I went to the window
To say "How do you do?" — *Wave hello with baby's hands*
But he shook his little tail
And away he flew. — *Move baby's arms like bird flapping wings*

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Songs For Babies

Rock-A-Bye Baby

Rock-A-Bye baby,
On the tree top,
When the wind blows,
The cradle will rock.
When the bough breaks,
The cradle will fall,
And down will come baby,
Cradle and all.

Eensy Weensy Spider

Eensy weensy spider
Climbed up the water spout.
Down came the rain
And washed to spider out.
Out came the sun
And dried up all the rain
And the eensy weensy spider
Climbed up the spout again.

Twinkle Twinkle Little Star

Twinkle, twinkle little star
How I wonder what you are.
Up above the world so high,
Like a diamond in the sky,
Twinkle, twinkle little star,
How I wonder what you are.

Ring Around The Rosie

Ring around the rosie
Pocket full of posies.
Ashes, ashes,
We all fall down!

It's Raining, It's Pouring

It's raining, it's pouring
The old man is snoring.
He bumped his head
On top of the bed
And couldn't get up in the morning.

Mary Had A Little Lamb

Mary had a little lamb
Little lamb, little lamb
Mary had a little lamb
Its fleece was white as snow.

And everywhere that Mary went
Mary went, Mary went,
And everywhere that Mary went
The lamb was sure to go.

Baa Baa Black Sheep

Baa baa black sheep
Have you any wool.
Yes sir, yes sir,
Three bags full.
One for the master
One for the dame
One for the little girl
Who lives down the lane,
Baa baa black sheep
Have you any wool
Yes sir, yes sir,
Three bags full.

Where Oh Where Has My Little Dog Gone

Oh where, oh where, has my little dog gone?
Oh where, oh where can he be?
With his ears cut short and his tail cut long,
Oh where, oh where can he be?

Hickory Dickory Dock

Hickory dickory dock
The mouse ran up the clock.
The clock struck one,
The mouse ran down,
Hickory, dickory, dock.

I'm A Little Teapot

I'm a little teapot
Short and stout,
Here is my handle
And here is my spout,
When I get my steam up
Hear me shout!
Just tip me over
And pour me out.

Row Row Row Your Boat

Row, row, row your boat
Gently down the stream
Merrily, merrily, merrily, merrily,
Life is but a dream.

Where is Thumbkin?

Where is thumbkin, where is thumbkin?
Here I am, Here I am.
How are you this morning? Very well I thank you.
Run and hide. Run and hide.

Pop Goes the Weasel

All around the cobbler's bench
The monkey chased the weasel,
The monkey thought it was all in fun,
Pop! goes the weasel.
A penny for a spool of thread,
A penny for a needle,
That's the way the money goes,
Pop! goes the weasel.

This Old Man

This old man, he played one,
He played knick knack on my thumb,
With a knick knack, paddy whack
Give the dog a bone,
This old man came rolling home.
This old man, he played two,
He played knick knack on my shoe...

This old man, he played three,
He played knick knack on my knee...

This old man, he played four,
He played knick knack on my door...

This old man, he played five,
He played knick knack on my hive...

This old man, he played six,
He played knick knack on my sticks...

This old man, he played seven,
He played knick knack all the way to heaven...

This old man, he played eight,
He played knick knack on my gate...

This old man, he played nine,
He played knick knack on my spine...

This old man, he played ten,
He played knick knack all over again...

The Bear Went Over the Mountain

The bear went over the mountain,
The bear went over the mountain,
The bear went over the mountain,
To see what he could see.
To see what he could see,
To see what he could see,

The bear went over the mountain,
The bear went over the mountain,
The bear went over the mountain,
To see what he could see.

And what do you think he saw(spoken)

The other side of the mountain,
The other side of the mountain,
The other side of the mountain,
Is all that he did see.
So the bear went down the mountain,
The bear went down the mountain,
The bear went down the mountain,
Very happily.

Hush Little Baby

Hush little baby, don't say a word,
Papa's going to buy you a mockingbird.

And if that mockingbird don't sing,
Papa's going to buy you a diamond ring.

And if that diamond ring turns to brass,
Papa's going to buy you a looking glass.

And if that looking glass gets broke,
Paps going to buy you a billy goat.

And if that billy goat won't pull
Papa's going to buy you a cart and bull.

And if that cart and bull turn over,
Papa's going to buy you a dog named Rover.

And if that dog named Rover won't bark,
Papa's going to buy you a horse and cart.

And if that horse and cart fall down,
You'll still be the sweetest little baby in town.

Musical Cassettes For Babies

Prepared by:
Gail Zachariah, Member Services Representative
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Lullabies

Ballingham, Pamela. **Earth Mother Lullabies from Around the World.** 3 volumes. Earth Mother Productions.

Bartels, Joanie. **Lullaby Magic** and **Lullaby Magic II**. Discovery Music.

Bessette, Mimi. **Lullabies of Broadway**. Music for Little People.

Brand, Oscar and Pete Seeger. **Golden Slumbers: Lullabies from Near and Far**. Caedmon Records.

Buchman, Rachel. **Baby and Me**. Gentle Wind.

Crosse, Jon. **Lullabies Go Jazz: Sweet Sounds for Sweet Dreams**. Jazz Cat Productions.

Herdman, Priscilla. **Star Dreamer: Nightsongs and Lullabies**. Alcazar.

Kaldor, Connie. **Lullaby Berceuse**. Music for Little People.

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Louchard, Ric. **G'Night Wolfgang: Classical Piano Solos for Bedtime.** Music for Little People.

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Various Artists. **Disney Babies: Lullaby**. Disney.

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Beall, Pamela Conn. **Wee Sing Nursery Rhymes and Lullabies**. Price Stern.

Buchman, Rachel. **Hello Everybody!** A Gentle Wind.

Feierabend, John. **Music for Very Little People: 50 Playful Activities for Infants and Toddlers**. Boosey & Hawkes.

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Guthrie, Woody. **Songs to Grow on Mother and Child**. Folkways.

Ives, Burl. **Best of Burl's for Boys and Girls**. MCA.

Louchard, Ric. **Hey Ludwig: Classical Piano Solos for Playful Times**. Music for Little People.

Louchard, Ric. **G'Morning Johann: Classical Piano Solos for MorningTime**. Music for Little People.

McGrath, Bob. **The Baby Record**. Golden Music.

McGrath, Bob. **Songs and Games for Toddlers**. Golden Music.

Murray, Anne. **There's A Hippo in My Tub**. Capitol.

Palmer, Hap. **Babysongs.** Educational Activities.

Palmer, Hap. **More Babysongs**. Educational Activities.

Palmer, Hap. **Hap Palmer Sings Classic Nursery Rhymes**. Educational Activities.

Raffi. **Singable Songs for the Very Young**. Troubadour.

Sharon, Lois & Bram. **Mainly Mother Goose**. Drive Entertainment.

All Cassettes Available from Silo Music - 1-800-342-0295

Lapsit For Infants

Opening Song: Good morning to you
Good morning to you
Good morning dear baby
Good morning to you.
(Sing to tune of "Happy Birthday")

Share One or Two Board Books or Cloth Books

Rhymes:

Finger/Hand Rhyme - Pat-A-Cake

Pat-a-cake	*Clap baby's hands*
Pat-a-cake	
Baker's man	
Bake me a cake	
As fast as you can.	
Roll it	*Roll baby's hands*
And pat it	*Pat hands twice*
And mark it with a "B"	*Make a "B" on baby's chest*
And put it in the oven	*Pat baby's tummy*
For baby and me.	

Toe/Foot Rhyme - Eeny, Meeny, Miny Mo

Eeny, meeny, miny mo
Catch a piggy by his toe.
If he hollers let him go
Eeny, meeny, miny mo.

(On first line, starting with little toe, wiggle one toe at a time until you have wiggled all four toes. On the second and third lines, wiggle the big toe. On the last line, wiggle your way back down to the little toe again.)

Tickle/Touch Rhyme - Eye Winker, Tom Tinker

Eye Winker	*Touch one eyelid gently*
Tom Tinker	*Touch other eyelid gently*
Nose Dropper	*Touch nose*
Mouth Eater	*Touch mouth*
Chin Chopper	*Touch chin*
Chin Chopper Chin.	*Tickle gently under chin*

Bounce/Lift Rhyme - To Market, To Market

To market, to market
To buy a fat pig;
Home again, home again
Jiggety jig.

To market, to market,
To buy a fat hog;
Home again, home again
Jiggety jog.

(Bounce baby gently on knees. You can also swing the baby while bouncing. On last line of each verse, lift baby up.)

Song: **Hickory Dickory Dock**

Hickory dickory dock	*Swing baby's arms*
The mouse ran up the clock.	*Run fingers up baby's arm*
The clock struck one,	*Clap baby's hands*
The mouse ran down,	*Run fingers down baby's arm*
Hickory, dickory, dock.	*Swing baby's arms*

Share One or Two Board Books or Cloth Books

Rhymes: **Finger/Hand Rhyme - Hot Cross Buns**

Hot cross buns	*Hold baby's hands*
Hot cross buns	*And clap together*
One a penny	*Swing hands left*
Two a penny	*Swing hands right*
Hot cross buns.	*Clap hands together again*
If you have no daughters	*Pull hands back to chest*
Give them to your sons	*Pull hands out again*
One a penny	*Swing hands left*
Two a penny	*Swing hands right*
Hot cross buns.	*Clap hands together again.*

Toe/Foot Rhyme - This Little Piggy
This little piggy went to market
This little piggy stayed home
This little piggy had roast beef
This little piggy had none.
And this little piggy cried
Wee, wee, wee,
All the way home.

(Starting with the big toe, touch one toe at a time holding onto the toe while saying each line until reaching the last little toe. Wiggle it while saying the last two lines and then gently touch the bottom of the foot.)

Tickle/Touch Rhyme - Two Little Eyes

Two little eyes	*Point to baby's eyes*
To look around	
Two little ears	*Wiggle baby's ears*
To hear each sound	
One little nose	*Wiggle baby's nose*
That smells what's sweet	
One little mouth	*Wiggle baby's mouth*
That likes to eat.	

Bounce/Lift Rhyme - Trot Trot to Boston
Trot, trot to Boston
Trot, trot to Lynn,
Watch out baby
Or you'll fall in!
(Bounce baby on your knees. On last line, open your legs and let baby fall in!)

Closing Song: **Twinkle Twinkle Little Star**

Twinkle, twinkle little star
How I wonder what you are.
Up above the world so high,
Like a diamond in the sky,
Twinkle, twinkle little star,
How I wonder what you are.

TIPS FOR WORKING WITH CHILDREN
Birth to Three Months

Personal and Social Skills
- Smiles in response to adult's smile
- Looks at face when spoken to
- Tells primary caregiver from other adults
- Startles or cries at loud sudden noises
- Comforts to soothing sounds

Suggested activities
- SMILE at baby
- Hang a crib mobile
- SING lullabies to baby

Language and Understanding Skills
- Expresses demands with cries and/or other sounds
- Gurgles and coos
- Responds to sound of a rattle
- Shows excitement before feeding and anticipates other familiar events

Suggested Activities
- TALK to baby during feeding, changing, and bathing
- PROVIDE many different sounds for baby (music, rattles, radio, bell, TV)
- IMITATE sounds baby makes
- LISTEN to, WATCH, and allow time to respond

Physical/Motor Skills
- Follows bright objects with eyes
- Looks at object held in hand
- Attempts to grasp adult's finger
- Holds objects for a few seconds
- Sucks well
- Lifts head while lying on stomach; Begins to reach toward object

Suggested Activities
- Dangle objects in front of baby to watch
- PROVIDE different textures for baby to feel
- Place objects in infant's hand to stimulate grasp
- While baby is on stomach, dangle bright objects in front of baby to help her lift head
- HOLD baby in a sitting position so baby begins to hold head steady
- ENCOURAGE sitting; place infant in corner of couch (supervised)

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TIPS FOR WORKING WITH CHILDREN
Three to Six Months

Personal and Social Skills
- Laughs
- Smiles on own
- Reaches for familiar people
- Begins choosing toys

Suggested Activities
- PLAY peek-a-boo with baby
- Let baby look at self in mirror
- SING simple songs with baby and HELP baby do motions with hands to the music
- MASSAGE baby's arms, back, and legs from top to bottom

Language and Understanding Skills
- Squeals and laughs and chuckles
- Babbles, combines vowel and consonant sounds (e.g., goo, ga)
- Explores objects by putting in mouth
- Experiments by making sounds (e.g., goo ah)
- Begins to respond to own name
- Begins to show likes and dislikes

Suggested Activities
- Shake rattle beside baby's head (ear) to ENCOURAGE turning toward sound
- Continue to TALK to baby; name objects
- LISTEN for baby's sounds and IMITATE them; WAIT for baby to respond to your sounds

Physical/Motor Skills
- Picks up and holds rattle
- Plays with hands at midline
- Starts to transfer objects from one hand to the other
- Brings objects to mouth
- Turns from side to back
- Pushes up on arms when on stomach; Holds head upright and steady without support
- Kicks at objects

Suggested Activities
- Put object in baby's hand and gently pull it to ENCOURAGE baby to hold onto it
- HELP baby pick up small, safe objects
- Put baby on stomach on a safe surface and dangle fun toys at baby's head
- Fasten mobile on crib for baby to kick

TIPS FOR WORKING WITH CHILDREN
Six to Nine Months

Personal and Social Skills
- → Smiles at self in mirror
- → Enjoys hide-n-seek, peek-a-boo, pat-a-cake
- → Becomes attached to a particular toy or object
- → Begins to fear strangers

Suggested Activities
- → HUG and CUDDLE baby often
- → SMILE and TALK to baby
- → PLAY games with baby
- → Let baby play in front of a large mirror

Language and Understanding Skills
- → Starts imitating sounds; Vocalizes to self when alone
- → Makes eager sounds for bottle or breast
- → Uncovers toy that is hidden by cloth
- → Knows own name

Suggested Activities
- → LOOK at picture book with baby
- → SING songs with baby
- → PLAY hide-n-seek with toys under cloth

Physical/Motor Skills
- → Starts to feed self
- → Rakes or scoops small objects
- → Grasps with small finger
- → Sits by self for a short time
- → Creeps and crawls
- → Pulls self to standing on furniture
- → Rocks back and forth when on hands and knees
- → Stands by holding onto furniture, hands, etc.

Suggested Activities
- → PROVIDE baby with opportunity to pick up safe foods and feed self
- → ENCOURAGE baby to pull up to a standing position
- → Place a toy out of reach and ENCOURAGE baby to try to get the toy by crawling to it
- → ALLOW baby to stand next to furniture
- → ALLOW lots of room for baby to crawl and explore

TIPS FOR WORKING WITH CHILDREN
Nine to Twelve Months

Personal and Social Skills

- Aware of strangers
- Tugs at or reaches for adults to get attention
- Begins drinking from a cup; Likes or dislikes certain foods
- Shows affection

Suggested Activities

- Have baby sit near the family during meals
- PLAY pat-a-cake
- HELP baby learn to hold a cup containing small amount of liquid
- HUG and KISS baby often; RESPOND with a hug or by talking when baby reaches for you

Language and Understanding Skills

- Waves bye-bye; Shakes head "no-no"
- Responds to "no-no"
- Starts understanding simple questions ("Want more juice?")
- Understands familiar words
- Looks at pictures in book

Suggested Activities

- Make puppet from socks and PRETEND the puppet is "talking" to baby
- READ nursery rhymes and SING songs to baby
- HELP baby look at scrap book
- IDENTIFY objects with names

Physical/Motor Skills

- Holds own bottle; Picks up small objects using thumb and finger
- Uses two hands in coordination (picks up cup); Claps hands; Bangs two objects together
- Gets into sitting position from lying down position
- Sits down from standing up position
- Walks with assistance; Stands alone

Suggested Activities

- SHOW baby how to stack blocks; PLAY stand up, sit down, lie down imitation games;
- HELP baby walk
- Let baby PLAY with pots and pans in the kitchen; GIVE baby cereal to feed self

TIPS FOR WORKING WITH CHILDREN
Twelve to Eighteen Months

Personal and Social Skills

- Enjoys having people clap
- Starts feeling emotions of jealousy, affection, sympathy
- Plays chasing and hiding games; Plays ball with an adult
- Shows specific wants by gestures and vocalizations

Suggested Activities

- PROVIDE washcloth for child and allow child to care for doll by washing, hugging it
- LET child help undress self
- LET child start feeding self with spoon
- Take child on outings

Language and Understanding Skills

- Names body parts
- Points to several objects when named
- Follows simple commands

Suggested Activities

- ENCOURAGE child to repeat familiar words
- While child is bathing or dressing, NAME body parts and LET child repeat the names
- LOOK at a picture book with child and NAME objects in pictures

Physical/Motor Skills

- Feeds self with spoon
- Attempts scribbling; Stacks small objects
- Builds tower of two blocks
- Walks alone; Throws a ball
- Sits in a chair; Improves balance and coordination

Suggested Activities

- PLAY game with small blocks; stack, line, knock them down
- ENCOURAGE child to draw or scribble with a crayon
- PLAY with bean bags and sponge balls
- ENCOURAGE self feeding with spoon
- Allow child to walk up stairs
- Roll and throw balls

TIPS FOR WORKING WITH CHILDREN
Eighteen to Twenty-four Months

Personal and Social Skills

- Likes being read to
- Partially feeds self
- Independence grows stronger
- Exhibits curiosity and is "into everything"
- Has special relationship with each parent
- Enjoys playing next to another child (little interaction)

Suggested Activities

- ENCOURAGE child to dress and undress self
- ENCOURAGE child to pick up and put away toys
- ENCOURAGE child to help with simple household chores
- ENCOURAGE child to use a spoon and fork

Language and Understanding Skills

- Makes simple choices among toys
- Mimics another child's play
- Begins to ask questions
- Puts two words together; can follow one or two step directions
- Asks for items by name (e.g., "doll", "ball", "cookie")

Suggested Activities

- Begin to give simple directions for child to follow
- READ to child 5-10 minutes a day
- Answer child's questions simply

Physical/Motor Skills

- Scribbles and imitates simple strokes of crayon
- Takes off socks and shoes purposefully
- Takes things apart and puts them back together
- Jumps with two feet; Moves body in time to music
- Walks up and down stairs with help; Runs; Attempts to kick ball

Suggested Activities

- Use nesting boxes/cups
- Give child simple puzzles to put together
- Finger-paint with pudding
- PLAY with clay, play dough, brushes, chalk, shaving cream
- SHOW child how to jump, dance
- PLAY "Kick the ball"

TIPS FOR WORKING WITH CHILDREN
Twenty-four to Thirty-six Months

Personal and Social Skills

- Interacts with other children in simple games
- Verbalizes toilet needs

Suggested Activities

- PRAISE child when toilet needs are indicated
- PLAY games and dress up

Language and Understanding Skills

- Follows two-step directions
- Takes part in simple verbal conversation (e.g., "What's your name?")
- Answers simple "what" questions
- Uses two or three word sentences regularly (e.g., "Me want juice")

Suggested Activities

- Allow child a choice of foods at mealtime
- ASK child to follow directions
- LISTEN to and TALK with child
- READ books for 10 minutes each day

Physical/Motor Skills

- Uses spoon and cup independently
- Helps pick up toys
- Turns handle to open door
- Completes simple inset puzzle (3-4 pieces)
- Unscrews lids
- Builds 6-8 cube tower
- Snips paper with scissors
- Pedals tricycle
- Pushes or pulls door open
- Walks up stairs holding rail

Suggested Activities

- Provide simple puzzle for child to complete
- Provide child with blunt scissors and paper to snip
- Provide sand, pudding, or finger paint for writing with finger
- Provide containers to open and close
- PRACTICE skipping and hopping
- Show child how to jump over hose, chalk mark

Fun Activities for Toddlers

- **Put noisy things inside zip-top plastic bags and sew shut:**
  - small spools of thread
  - uncooked beans and pasta
  - uncooked rice

Take turns shaking the containers. (Do only under close adult supervision to avoid having a bag open accidentally.)

- **Get a box and cut out two circles on the side (touchy-feely box).** Put small farm animal models inside, and pull them out one at a time. Ask the child what sound the animal makes (cows-moo, moo, duck-quack quack, etc.). Make sounds for the infant. Encourage the infant to make sounds.

- **Sing Old Mac Donald Had a Farm.** Encourage the child to say the nonsense syllables **ee-yi-ee-yi-yo**. Hold up the appropriate animal as it is named when the singing progresses.

- **Buy animal potholders from the kitchen department of retail stores.** Use puppets to encourage language. (These are usually less expensive than real puppets). Or, make puppets from paper bags or old socks.

- **Get a large cardboard box.** Make a house. Paint windows, and cut out the door and bend it back. Let the children practice open and close with the door. Use other forms of prepositional phrasing; out, in; up, down; etc.

- **Dance to increase awareness of rhythm and beat.** Play music (tape, records). Pick up the child and sway to the music. Dance cheek to cheek so that the child can relate comfort and fun with what is heard. Change direction when the music pattern changes.

- **Tape record sounds common to the house.** The child will become aware of their presence and can begin to associate meaning to sounds. Ask the children to identify the sounds.

- **Make family mobiles.** Glue pictures of family members in small tin pot pans. Hang them with colored yarn from a hanger. Ask child to name people.

Order Information for Born To Read Materials

TITLE	STOCK NO.	PRICE	COMPANY
3 Way Baby Mirror	918-19061	$22.50	ABC School Supply
Playpen to Preschool	918-10561	$23.50	ABC School Supply
Infant Soft Blocks	431-02261	$7.85	ABC School Supply
Rock A Stack	427-62061	$5.60	ABC School Supply
Sort 'N See Bucket	431-36561	$8.95	ABC School Supply
Sight and Sound Sensory Set	FIR-03	$14.95	Constructive Playthings
Stacking Cups	MYK-02	$8.95	Constructive Playthings
Soft Rollers	MYK-02	$13.95	Constructive Playthings
Quiet Book	QUT-1314	$20.95	Constructive Playthings
Born to Read Romper	5270-06KI	$14.00	ALA Graphics
Born to Read T-Shirt	5270-0100	$9.00	ALA Graphics
Born To Read Bib	5270-0200	$5.00	ALA Graphics
How To Raise A Reader	083897872X	$18.00	ALA Graphics
Baby Bags	838979300	$16.00	ALA Graphics
Magnet Frame	838979319	$1.25	ALA Graphics
Outlet Safety Plugs	838979327	$1.00	ALA Graphics
Medicine Spoon	838979335	$1.50	ALA Graphics
Baby Record	KR1007C	$10.95	Educational Record Center
Baby Songs	EA713C	$11.95	Educational Record Center
Baby Songs	EA597C	$11.95	Educational Record Center
Tickly Toddle	EA646C	$11.95	Educational Record Center
Classic Nursery Rhymes	SR1001C	$10.95	Educational Record Center
Blanket Bay Lullabyes	EL8409C	$10.95	Educational Record Center
Mainly Mother Goose	CS696C	$9.95	Educational Record Center
Lullabies For Dreamers	BH10R	$12.95	Educational Record Center
Wee Sing Nursery Rhyme Book and Cassette	SV176R	$9.95	Educational Record Center
Wee Sing for Baby	8SV182R	$9.95	Educational Record Center

SUPPLIERS	PHONE NUMBER
ABC School Supply	1-800-669-4222
ALA Graphics	1-800-836-9958
Constructive Playthings	1-800-448-4115
Educational Record Center	1-800-438-1637

Family Book Bingo

Sue McCleaf Nespeca

1 Read an Alphabet Book	2 Attend a Library Storytime	3 Read a Bedtime Story	4 Read a "Facts" Book (nonfiction)	5 Read a Story about Curious George
6 Read a Book by Your Favorite Author	7 Read a Science Book	8 Check out a Song Book and Sing a Song	9 Read a Poem	10 Read a Counting Book
11 Read About a Pet	12 Read a Dr. Seuss Book	13 Visit the Library	14 Read a Caldecott Book	15 Listen to a Cassette
16 Read a Folk or Fairy Tale	17 Read a Magazine	18 Read About Dinosaurs	19 Read a Berenstain Bears Book	20 Read a Book About Food
21 Make Something From a Book	22 Read a Mystery	23 Read a Story About an Animal	24 Read a Family Story	25 Read a Holiday Story

·B·A·B·Y· ·T·A·L·K·

345 W. Eldorado Decatur, Illinois 62522 (217) 475-2234

What is Baby TALK?

Baby TALK is a community effort designed to encourage parents in the nurture of their small children. It is a collaborative effort of school districts, libraries, hospitals, health departments and literacy projects. Headquartered in Decatur, Illinois, Baby TALK has been serving parents and young children since 1986.

In 1995, **Baby TALK** was designated a pilot for the **Touchpoints** project developed by T. Berry Brazelton and based at the Child Development Unit of Harvard Medical School.

In 1992, **Baby TALK** was cited by the U.S. Department of Education as one of thirteen programs in the country meeting "Goal One: By the year 2000 all children in America will start school ready to learn."

Baby TALK's Message to parents is that we believe they can give their children a wonderful start in life with an environment of "**Language, Literature and Love.**" Baby TALK establishes relationships with parents to share the task of raising their young children. We provide them with basic child development information as well as suggestions for developmentally appropriate activities. We give them the opportunity to select a gift book for their babies. And, of course, we encourage them to read aloud to their children, believing that reading aloud, more than any other single activity, will enhance the parent/child relationship as it encourages the child's mental, social and language development.

Baby TALK:

- **is replicated** in over 28 states and Canada
- **has served** 20,000 families since 1986
- **meets** every new family at the hospitals when they deliver their babies
- **sends** bimonthly newsletters to parents during the first three years of their child's life, using a large volunteer pool
- **provides** a "Warmline" phone service for parents of children birth to three
- **provides** special prenatal education for low income parents
- **teaches** parenting classes to teen parents at the school district's vocational center program
- **holds** monthly birthday parties for one-year olds and "lapsits" for one to three-year olds (and their parents) at the library
- **provides** parenting education for low income parents at the health department's well child clinic and Community Health Improvement Center
- **teaches** parenting and read-aloud techniques to parents in GED family literacy programs and Even Start
- **leads** monthly "Family Fun Nights" for local Head Start students and their families
- **holds** weekly Baby TALK Times with parents of children aged birth to three at schools and community sites
- **conducts** research on effect of programs
- **serves** as a resource to many other agencies in Decatur and the U.S. who provide services to families

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Baby TALK Publications Available

Babies & Books: A Joyous Beginning
a book for parents of young children featuring illustrations from "Tomie dePaola's Mother Goose" $10.00

Read for Joy!
an easy-to-read book for parents of children of all ages featuring illustrations by Tomie dePaola, developed for use in Family Literacy programs $10.00

¡La Alegria de Leer!
a Spanish translation of Read for Joy! $10.00

Baby TALK: How to Make it Work!
a manual for implementation of a parent-infant education program $25.00

Babies & Books: A Joyous Beginning (videotape)
a 7-minute videotape for parents stressing reading aloud and language interaction for infants and toddlers $25.00

Baby TALK: How to Make it Work! (videotape)
a 21-minute videotape describing the Baby TALK program in several different applications $25.00

How to Make it Work Packet
includes Babies & Books: A Joyous Beginning, Read For Joy!, Baby TALK: How to Make it Work $35.00

Family Fun Night Packs
curricula for 10 family fun nights with complete directions, parent handouts, patterns, and samples to make your family night planning stress free $225.00

Quantity Prices for Babies & Books, Read for Joy!, and ¡La Alegria de Leer!

5 - 50	$6.75
51 - 99	$6.00
100 - 249	$5.50
250 - 499*	$5.15
500 - 999*	$4.40
1000 - up*	$4.00

* At these quantities, Babies & Books, Read for Joy!, or La Alegria de Leer! may be custom printed for you. If your community would like personalized copies, please call Baby TALK (217) 475-2234.

PUBLIC RELATIONS &
COMMUNICATIONS

Florida Department of State
Sandra B. Mortham
Secretary of State

NEWS RELEASE

For Immediate Release
September 15, 1997

Contact: Carole D. Fiore
850-487-2651
cfiore@mail.dos.state.fl.us

Mortham Announces Grants to 10 Libraries for Families at Risk

Born to Read To Reach Teen Parents through Public Libraries

Tallahassee, FL – "We are extremely proud to be the first state to fund *Born To Read* programs on such a wide scale," said Secretary of State Sandra B. Mortham, announcing the ten public libraries who will receive grants to enrich service to families at risk, especially teen parents. "The research is showing that a major portion of a child's intellectual capacity is formed in the first three years of life," said Mortham. "This project has the potential of making a lifelong difference, not only to babies and toddlers, but to their parents."

The ten libraries that have been awarded grants for this early intervention program are Bartow Public Library, Columbia County Public Library, Dixie County (Three Rivers Regional Library System), Franklin County (Wilderness Coast Public Libraries), Gadsden County Public Library, Hardee County Library (Heartland Library Cooperative), Okeechobee County Library (Heartland Library Cooperative), Putnam County Library System, Sumter County Public Library, and Tampa-Hillsborough County Public Library System.

(more—please turn)

Born to Read will fund demonstration projects that involve health care agencies and the community as partners in reaching new parents to help them learn about infant development and the value of reading and books as lifelong tools for success. Participating libraries will receive extensive training, technical assistance, and funds to implement projects locally. The *Born to Read* program is being administered by the Division of Library and Information Services (DLIS) and federally funded through the Library Services and Technology Program (LSTA).

A key component of *Born to Read* is development of partnerships among libraries, health care providers, and community service agencies. *Born to Read* provides an incentive for a community to join forces to help families at risk and make a real difference in the lives of disadvantaged children and their parents," said Mortham. "By including the local medical community and service groups from the start, these programs will have the broad support that so often guarantees success."

Born to Read began as a national pilot program sponsored by the American Library Association with funding from the Prudential Foundation. Florida is the first state to adopt this program on a statewide basis. Successful pilot programs have included such activities as story times at public health clinics, read-aloud book collections in waiting rooms, training for parents on reading aloud to very young children and to improve their own literacy skills. Several projects involve extensive use of volunteers to visit expectant and new parents with information on how reading to very young can help them throughout their lives in school and as adults.

The DLIS has supported services to children and families in Florida's public libraries for more than a quarter of a century. Public libraries provide daily or weekly children's programs that focus on the joys and value of books and learning. There are 103 public libraries in Florida, serving children and families through 477 outlets. Approximately two million children attend library programs in Florida each year; more than eight million children's books and other materials are borrowed each year. For information on library services to children, contact Carole Fiore at the DLIS, 850-487-2651; cfiore@mail.dos.state.fl.us.

###

BORN TO READ
Sample News Release

For Immediate Release [Date]
For further information, contact [name; phone]

LIBRARY CHOSEN FOR STATEWIDE PROJECT

BORN TO READ will Bring Books to Newborns in [Name of Community]

The [library name] has been chosen by the Florida Department of State to participate in BORN TO READ, a federally-funded project providing to bring age and developmentally appropriate books and parenting materials to at-risk families of newborns. "We are very pleased to become a part of BORN TO READ. We want to help connect children and their families to books and help children prepare to enter school ready to learn," commented Library Director [name]. The Division of Library and Information Services is providing materials, training, and technical assistance to the library. The library had already developed community alliances with [health care partner agency] and [community service partners] to increase public awareness and to ensure the success of this early intervention project.

"More than one third of all American children do not enter school ready to learn. We look forward to the day when every child in Florida will have their own books and be ready to learn when they enter kindergarten. Our BORN TO READ program will help address this situation," commented Secretary of State Sandra B. Mortham when she unveiled the statewide BORN TO READ project.

— MORE —

To prepare to get the local BORN TO READ project started, representatives from the library and partner agencies attended a Capacity Building Workshop sponsored by the State Library of Florida in Tallahassee on November 5 and 6. [Add a sentence or two to identify the partner agencies and the people who will be responsible for the project locally.]

[Director's name] anticipates that BORN TO READ programs will start by [date]. The library is open [hours] at [address]. For more information, call [phone number].

#######

Publicity for BORN TO READ - Tips and Thoughts

This section includes material on developing community awareness of your BORN TO READ project. Included are a sample press release, sample overheads for a presentation, and a checklist.

General Considerations

- **Communicate from the inside out**. Think of your community in concentric circles, rather like an extended family. You and your staff are at the center; extending outward are library volunteers, board members, friends and contributors, community groups, library users, and the entire public you are mandated to serve. Be sure the people closest to the center are the first to know about the BORN TO READ project as it develops. Be sure your staff and all volunteers who work with the public know and understand what this project is about, so that they will communicate enthusiastically about it to patrons.

- **Involve all segments of your community**. Consider forming a citizen advisory committee to help you fine-tune your BORN TO READ project and help you interpret it to the community. Among the members might be someone from county or city administration, a chamber of commerce representative, members of the health care community, people from the early childhood and education community, someone from the schools, a member of the friends of the library board, a representative of the press.

- **Involve the media.** Make an appointment to meet with the publisher or editorial board of your newspaper; the program director or public services director of your radio and television stations; the manager of your local cable television company. Tell them about BORN TO READ, and invite them to help you jointly plan coverage of your services.

- **Talk about your project.** In addition to developing a program of written promotion, offer to talk on local radio and with local clubs and organizations to explain BORN TO READ. Set up a speaker's bureau, using all partners as speakers.

- **Stay as well informed as your users**. Keep up with the ongoing mention of the new brain research, child care, and parenting issues as they are covered in the popular media. Scan the national newspapers and newsmagazines; note national TV coverage of youth services and parenting stories; be prepared for questions and discussions.

- **Get help when you need it**. Call your fellow BORN TO READ libraries (directory in this packet) when you run into difficulties--they might have faced and solved similar problems. Call the State Library staff (850-487-2651; bld@mail.dos.state.fl.us) for information and to share stories as they arise.

Born To Read Publicity Checklist

Written Information

- ☐ Press release
- ☐ Op Ed piece
- ☐ Letters to the editor
- ☐ Compilation of success stories
- ☐ Facts and figures
- ☐ Sample sites list
- ☐
- ☐

Oral Presentation Materials

Develop speeches and overheads/flip charts for:

- ☐ 10-minute overview presentation
- ☐ 30-minute detailed presentation
- ☐ Discussion groups
- ☐ 2-minute "billboard" for use at all library programs
- ☐
- ☐

Meet the Media--Meetings or an open house with

- ☐ Newspaper publisher
- ☐ Newspaper education editor
- ☐ Radio talk show host (local)
- ☐ Radio and TV Public Service Director
- ☐ Cable television provider operator/ manager
- ☐
- ☐

Plan a Big Event - National Library Week (April), Children's Book Week (November), Mother's Day (May), or Father's Day (June) Open House

- ☐ Invite the library "family" (Board members, Friends, government officials)
- ☐ Showcase your partners
- ☐ Have demonstrations
- ☐ Share stories
- ☐ Plan carefully—good food, appropriate time of day
- ☐
- ☐
- ☐

DEVELOPING A SUCCESSFUL PUBLIC RELATIONS PLAN FOR "BORN TO READ" GRANT PROJECTS

1. DEFINE YOUR PURPOSE?

This first step is important, but often overlooked. Skipping it may not prove fatal, but it will negatively impact the overall success of your project.

Consider the following:

WHY are you involved in the project?

Your answer may be philosophical or practical.

WHAT are you trying to accomplish?

Your answer needs to be specific and practical.
Use your evaluation criterion.

Setting best case/worst case scenarios may be helpful.
These scenarios will not only help you focus your attention for your PR plan, but they may also help you motivate yourself and others involved in the project.

WHO are you trying reach?

List as many identifying characteristics for these groups as you can.

Grant service recipients - who are they?

Health providers - what are their needs? How does your PR plan impact them?

Your library staff - what is their role? How does your PR plan impact them?

Public?

State Library? Other library systems?
Other?

HOW will you achieve your goals?

What approach will you use.
Push vs. Pull

2. MAKE ALL FUTURE DECISIONS BASED ON THE ANSWERS IN STEP ONE!!!!

Again, skipping this step will not change the face of the world as we know it, but it will your life with "We should have . . ." and "I wish we had . .

3. APPLY APPROPRIATE PR METHOD/TOOL

If one of your goals is to encourage participation of clients who frequent a particular clinic your plan may deal with how to create a campaign which creates awareness, and also provides information on how they can participate. Flyers, posters etc. might prove useful in this situation. Workshops, in-clinic library presence, etc. might also be considered.

Press releases, public service announcements are a simple easy method to share information with the general public. Photos of participants can be submitted to local or small newspapers to encourage coverage. Securing TV coverage may require the use of media alerts and request proposals.

BRAINSTORM, LET YOUR IMAGINATION RUN WILD then simply discard ideas that don't meet your overall goals, are too complicated or too expensive. Publicity is free, but does require staff time, expertise and paper!

Submitted by P. Koerper/11-5-97/Born to Read

fl-lib - an invaluable communications tool

fl-lib (pronounced "Flora-Lib"), an Internet discussion group - also known as a "listserv" - facilitated by State Library staff, will be a key component in the communications network for *FloriNet* libraries.

This list is devoted to messages and discussion relating to the library community in Florida, but participation in the list is open to anyone, anywhere.

All library staff are encouraged to subscribe to the list. To subscribe:

Send a message to:

majordomo@florida3.dos.state.fl.us

Leave the subject line blank.
Place the following command in the body of your e-mail message:

subscribe fl-lib

The message must be in lower case. You do not need to add your name or e-mail address as long as you are logged on from your account.

To post a message to *fl-lib*, send your message to

fl-lib@florida3.dos.state.fl.us

Your message will automatically be posted to the list.

If there are any questions, contact the list moderators at the State Library:

Marian Deeney
mdeeney@mail.dos.state.fl.us

Carole Fiore
cfiore@mail.dos.state.fl.us

or call either of them at 850/487-2651; SUNCOM 277-2651;
FAX 850/488-2746; TDD 850/922-4085.

PARTNERSHIPS

GEESE Have This All Figured Out

As each goose flaps its wings, it creates an "uplift" for the bird following. By following in a V formation, the whole flock adds 71 percent more flying range than if each bird flew alone.

Lesson: People who share a common direction and sense of community can get where they are going quicker and easier because they are traveling on the thrust of one another.

Whenever a goose flies out of formation, it suddenly feels the drag and resistance of trying to fly alone and quickly gets back into formation to take advantage of the lifting power of the birds immediately in front.

Lesson: If we have as much sense as a goose, we will join in formation with those who are heading where we want to go.

When the lead goose gets tired, it rotates back into the formation and another goose flies at the point position.

Lesson: It pays to take turns doing the hard tasks and sharing leadership with people, as well as with geese, interdependent with one another.

The geese in formation honk from behind to encourage those up front to keep up their speed.

Lesson: We need to make sure our honking from behind is encouraging—not something less helpful.

When a goose gets sick or wounded or shot down, two geese drop out of formation and follow their fellow member down to help and provide protection. They stay with this member of the flock until he or she either is able to fly again or dies. Then they launch out on their own, with another formation, or to catch up with their own flock.

Lesson: If we have as much sense as the geese, we'll stand by one another as they do.

-- Author Unknown --

BORN TO READ Partnerships

Part of the BORN TO READ project is a strong emphasis on developing true working partnerships with groups in your community. While developing partnerships is a part of your community relations effort, it is more intensive than a simple publicity campaign. There are several steps involved in developing partners.

1. Identify groups that are already partners

- ☐ Friends of the Library
- ☐ Library Advisory Board
- ☐ County/City Commission
- ☐ Library Volunteers
- ☐ Library Foundation
- ☐ Other libraries and library organizations

2. Identify groups that are natural allies

- ☐ Groups using your meeting room
- ☐ Groups that your staff members or FOL members are involved with
- ☐ Bookstores
- ☐ Health care agencies
- ☐ Child care agencies
- ☐ Healthy Start
- ☐ Birthing Centers
- ☐ Early Childhood Association – local and statewide
- ☐
- ☐
- ☐
- ☐ Education and civic interests
  - ✣ Parents
  - ✣ Schools
  - ✣ Colleges
  - ✣ Homeschoolers
  - ✣ American Association of University Women (AAUW)
  - ✣ League of Women Voters
  - ✣ Women's Club
  - ✣
  - ✣
- ☐ Information interests
  - ✣ Newspaper
  - ✣ Cable
  - ✣ Radio
  - ✣ Television
  - ✣
  - ✣
- ☐ Cultural Interests

- ✣ Museums
- ✣ Arts Council
- ✣ Artists/craftsmen's groups
- ✣ Music groups
- ✣ Historical society
- ✣
- ✣

☐ Service Clubs
- ✣ Kiwanis
- ✣ Lions
- ✣ Elks
- ✣ Rotary
- ✣ Masons
- ✣
- ✣

☐ Religious Groups
- ✣ Ministerial Association
- ✣ Individual congregations
- ✣
- ✣

☐ Youth groups
- ✣ Boys and Girls Clubs
- ✣ Big Brothers and Sisters
- ✣ Scouts
- ✣ Junior Friends of the Library
- ✣
- ✣

3. Identify the Key Players in Your Business Community

☐ Chamber of Commerce
☐ Economic development council or office
☐ Professionals—Doctors, Lawyers, Accountants, Architects—and their associations
☐ Financial Community
☐ Real Estate Community
☐ Utilities
☐ Small business
☐ Big Business—National chains
☐
☐
☐

4. Identify Other Potential Partners Unique to Your Community

☐
☐
☐
☐

Born To Read Partnerships

What might partners do for the Library?

- ❑ Publicize the BORN TO READ project in organizational newsletter
- ❑ Invite a library representative to provide a meeting program
- ❑ Invite a library representative to serve on board/committees
- ❑ Mention BORN TO READ and the library at meetings
- ❑ Mention BORN TO READ and the library in printed matter
- ❑ Contribute money to the library's BORN TO READ project
- ❑ Serve on the library BORN TO READ advisory committee
- ❑ Serve on other committees; boards
- ❑ Use the library
- ❑ Talk about the library
- ❑ Advocate for the library with decision-makers
- ❑ Become knowledgeable about library concerns
- ❑ Contribute experience and wisdom
- ❑ Sponsor baby showers
- ❑
- ❑
- ❑

What can the library do for its partners?

- ❑ Mention names prominently at events
- ❑ Include names prominently on printed material
- ❑ Provide information to partners in their area of interest
- ❑ Display and distribute information about the partner agencies in the library
- ❑
- ❑
- ❑
- ❑

REACH OUT AND READ

Cuddle up with A Book and a Child

(18 months to 3 years)

- Place books around the house where your child can pick them up to "read" anytime.
- Let your child turn the pages or point to the parts of what you read.
- Leave out the last word of a favorite rhyme for your child to recite!
- Play a "find-the-object" game on pages you read.
- Let your child pick out the books and times to read.
- Talk about the pictures instead of just reading.

Raise a Child Who Loves to Read

(18 months to 3 years)

- Look for books whose pictures "tell" the story.
- Read books that repeat many words, like Dr. Suess.
- Read road signs, posters and food labels together.
- When making lists or writing checks, let your child "make" his/her own lists on paper.
- When assembling a toy, read aloud from instructions and let kids help.
- Give lots of praise & support!

REACH OUT AND READ

Funding support for books for Reach Out and Read provided by The Junior League of Tampa. Additional resources provided by First Book, Tampa- Hillsborough County Public Library System, WEDU Channel 3 and Barnes & Noble.

BEST COPY AVAILABLE

Reading at Home Lasts a Lifetime

(any ages)

- Be a good role model. Read in front of the kids.
- Get into the habit of going to the library together. Get library cards!
- Give books to your child as gifts and keep them in a special place.
- Decide the best time for you all to read together.
- Be relaxed and happy when reading.
- Share books that you can also enjoy.

REACH OUT AND READ

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REACH OUT AND READ

A Book, a Child and you....

(Ages 3-6 years)

- ❤ Pick books about pets, friends and other every-day topics.
- ❤ Sit close to your child; keep this sharing special.
- ❤ Allow your child to "read" along with the pictures.
- ❤ Once a story is familiar, discuss it and its pictures.
- ❤ Give your child gift subscriptions to fun magazines!
- ❤ Let your child tell you the story; ask what happens next.

REACH OUT AND READ

Share a Book with an Infant

(birth to six months)

- Make reading to your newborn a warm loving time.
- Begin with poems, rhymes, stories & soothing songs.
- Find stories with big and colorful pictures of faces.
- Use sturdy "board" books or ones with textures to touch.
- It's okay to just read parts of the story.
- While your baby nurses or gets a bottle, recite a rhyme or read to an older sibling.

Quiet Time
A book, a child and you...

(six months to one year)

- Let your child hold a stuffed toy as you read.
- Point at things in the pictures!
- Read and sing songs with sounds that are repeated.
- Read familiar stories before any new stories.
- Finish new stories with an old favorite.
- Read at bedtime. Books can join teddy bears and favorite blankets for a pleasurable experience.

REACH OUT AND READ

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REACH OUT AND READ

Cuddle up with a Book and a Child

(12 months to 18 months)

- ❤ Start a routine of reading the same song, story or poem at the same place & time every day.
- ❤ Let your child choose some tales along with those that you choose.
- ❤ It's okay for the toddler to play while you read!
- ❤ Point & read signs & labels at home and in stores.
- ❤ Take a book when waiting in line, at the doctor's office, airports, or restaurants.

Raise a Child Who Loves to Read

(18 months to 3 years)

- Let your child play with some magnetic letters on the fridge.
- Get books that have tapes or CD's with them from the library. Children can listen, and look at stories all by themselves!
- Practice saying the alphabet and writing letters with your child. Help them write their own names.
- Show your child the words. Run your finger along them as you read.

REACH OUT AND READ

Funding support for books for Reach Out and Read provided by The Junior League of Tampa. Additional resources provided by First Book, Tampa- Hillsborough County Public Library System, WEDU Channel 3 and Barnes & Noble.

REACH OUT AND READ

Reach out and Read is a program for patients attending the University of South Florida General Pediatric Clinic. The goal of this program is to encourage families and their children to read together. Used books have been donated for use in the waiting and examining rooms. Volunteers will be reading to children and demonstrating book-sharing techniques. Additionally, some new books will be given to children at certain checkup visits.

Reach Out and Read • 17 Davis Blvd. • Tampa 33606 • 272-2268

Children who are read to... learn to read!

Make Reading Part of Every Day

Read at bedtime, on the bus, or everywhere!

Have Fun

Children who love books learn to read. Books can be part of a special time with your child.

A Few Minutes are OK

Young children can only sit for a few minutes for a story, but as they grow, they'll sit longer.

Talk About the Pictures

You don't have to read the entire book to tell the story. Show the pictures.

Let Your Child Turn the Pages

Babies need board/cloth books, and with a little help, can turn the pages. But your three year old can do it alone.

Show Your Child the Words

Run your finger along the words as you read them.

Make the Story Come Alive!

Make up voices. Use your body to tell the story.

Ask Questions and Let Your Child Ask Questions

"What's going to happen next?" "What's next?"

Let Your Child Tell the Story

Children as young as three can memorize a whole story.

Funding support for books for Reach Out and Read provided by The Junior League of Tampa. Additional resources provided by First Book, Tampa- Hillsborough County Public Library System, WEDU Channel 3 and Barnes & Noble.

Library Locations

Main Library • 273-3652
(downtown)
900 N. Ashley Dr.
Tampa, FL 33602

Seminole Heights • 273-3669
4711 Central Ave.
Tampa, FL 33603

Brandon Regional • 744-5630
619 Vonderburg Dr.
Brandon, FL 33511

West Gate Regional • 554-5031
7606 Paula Dr.
Tampa, FL 33615

College Hill • 273-3681
2607 E. Dr. M.L. King, Jr. Blvd.
Tampa, FL 33610

West Tampa • 273-3674
1718 North Howard Ave.
Tampa, FL 33607

Eastlake • 744-5528
Eastlake Square
Tampa, FL 33610

Ybor City • 272-5547
1505 Nebraska Ave.
Tampa, FL 33602

Peninsular • 273-3680
3909 Neptune St.
Tampa, FL 33629

MOSI Library • 987-6378
Museum of Science & Industry
4801 E. Fowler Ave.
Tampa, FL 33617

Port Tampa • 273-3683
8611 Interbay Blvd.
Tampa, FL 33616

North Tampa • 975-2111
8916 North Blvd.
Tampa, FL 33604

Get Into the Library Habit!

Make sure everyone in your family has a library card. Cards are free to children (with a parent's signature and proof of adult's current mailing address). Call or visit your local library for details.

Many branches have story times, special programs, all types of books, videos, books on tape and music.

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VOLUNTEERS -
RECRUITMENT, TRAINING & RETENTION

REACH OUT AND READ

Volume 2 Issue 4 BOSTON CITY HOSPITAL JULY/AUGUST, 1996

INTRODUCTION

Summer and fall are the traditional peak times for physicals in most pediatric practices; children need forms filled in for camp and school, the various respiratory infections of winter give way to the exuberant health (with the occasional bee sting or swimmer's ear or even poison ivy attack) of children in the summer. Lots of well child visits for physicals means lots of books given out by pediatricians and nurse-practitioners in Reach Out and Read, and we can hope that means lots of lazy afternoon time spent over picturebooks, and lots of bedtime stories in the long summer evenings.

As we move toward fall and the beginning of school, we here in Boston are particularly excited about helping to launch a big new Reach Out and Read program at the Children's Hospital of Philadelphia. After a great deal of preparation by Lynne Gaines, MSCCL, a child life specialist who will coordinate the program, and Trude A. Haecker, M.D., the Medical Director of the Primary Care and Community Health Services, the Reach Out and Read Program will start in the beginning of September, both in the hospital primary care clinic and in several other sites. More details in a future issue of the newsletter.

Hope everyone's summer has gone well. Please keep us up to date on your programs and your thoughts about literacy in pediatrics.

Kathleen Fitzgerald Rice MSEd
Perri Klass MD
Co-Directors, Reach Out and Read

CHILDREN FIRST VOLUNTEERS

Rebecca Latimore
Community Coordinator, Children First

On June 11, four teachers from Children First, a Boston-based corporation specializing in backup child-care, arrived at Boston City Hospital with books in hand, ready to inaugurate our employee volunteer program. A few weeks later, volunteers in New York were off to Bellevue and in Chicago they headed to LaRabida.

The idea to take time from our day to give back to the communities in which we operate is the brainchild of the President of Children First, Rosemary Jordano. Rosemary feels that success in business and social responsibility need not be mutually exclusive. So once her young company had its feet on the ground, she began to explore ways to give back to the five cities where Children First operates child-car centers: Boston, New York, Chicago, Los Angeles, and San Francisco.

All of our centers are run by highly-skilled and enthusiastic teachers, and we wanted to find a volunteer opprotunity which could really benefit from their training and dedication. Reach Out and Read was the perfect fit! It takes advantage of our people's expertise as teachers, it helps to fulfill a very important need for the community, and it promotes a cause, emerging literacy, which as educators, we recognize is critical for all children.

Since June, we have logged 87 volunteer hours in the three cities and, by our estimates, worked with some 200 children. We hope to begin reading in Oakland this fall, and are searching for a similar opportunity in the greater Los Angeles area.

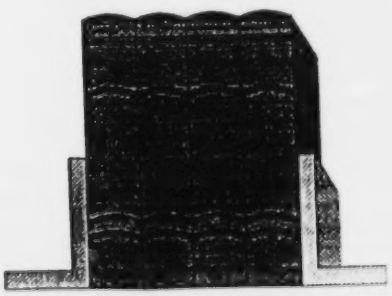
Everyone has had a different experience, since each city is so different, but they all share a common thread. Each volunteer has encountered some children so eager to read that their parents have to pry them away to go see the doctor or to go home. Others have been more timid and required a great deal of coaxing in the beginning, but have become animated and involved by the end. Volunteers have heard parents talking proudly to each other in their native language about how well their child can identify the different parts of the face or the different colors, and they have seen parents grateful for help in securing something as simple as a library card. At the end of each visit, the teachers return to their centers a little tired, but feeling good about what they have contributed and grateful for what they have. And their colleagues eagerly await *their* turn to go and read next week.

So, if you happen to be visiting Boston on Tuesdays, New York on Wednesdays, or Chicago on Thursdays, feel free to say hello! And, if anyone has information about opportunities in Los Angeles or would like more information about our program, please give me a call at 617-330-8687.

LEARN ABOUT YOUR LIBRARY DAY

Abby Jewkes, Program Administrator

On April 16, a Library Promotion Day was held at ROR Boston as part of a collaboration with the Boston Public Library. Planning for this event involved contacting neighborhood libraries, compiling library information, and designing a flyer to advertise the event which was translated into Spanish and Haitian Creole. I learned a great deal about the multitude of services the Boston Public Libraries offer (like free museum passes), and even visited a nearby library branch to meet with their Literacy Coordinator. Two librarians represented the library at the Promotion Day and provided flyers on library events and services. We were very pleased with how the event went. A staff pediatrician requested that we leave information and library card applications in the staff conference room for future distribution to families. We are currently exploring the possibility of issuing library cards through ROR. Hospital staff and parents stopped by our table to take some information and ask questions about the library. Many individuals admitted that they had lost their library cards and needed to apply for a new one. We received wonderful feedback on what a great idea the event was. The children also enjoyed looking at the posters with familiar faces on them (Disney characters, Michael Jordan, and Branford Marsalis) which hung on the surrounding walls, and receiving free bookmarks (these materials were ordered from the American Library Association catalogue).



The extra bookmarks are now included in the books distributed to children. It is my hope that Promotion Days will become a regular occurrence at ROR and that our collaborative efforts with the Boston Public Library system will continue to grow.

If your program is involved with local libraries, we would love to hear about your efforts. If you have any questions or comments, or would like more information, please feel free to contact our office at (617)534-5701.

BOOK CLUB REPORT

Cherie Craft, Librarian

"Danger Zone was the bomb!" This was the enthusiastic book review by Darren Thomson, age 14.

Danger Zone is the great book donated to the Young Men's Reading Group at Boston Medical Center by author David Klass* and the first book read by the group.

Darren and three other teenage boys from Boston's inner city neighborhoods make up this innovative group of young readers. Due to the fact that urban teenagers are our toughest target group, we began the group by enlisting the nephew of our librarian. He, like the rest of our group, is a patient at Boston Medical Center's Adolescent Center. He helped us recruit our other readers.

It is amazing how quickly these teens got hooked! We increased our weekly reading sessions from once to twice weekly, and found ourselves reading or discussing what we had read a half hour beyond our scheduled quitting time.

We have just completed a book of poetry by James Bruce and are currently debating what to read next.

*David is Perri Klass's brother and she exploited the connecton shamelessly; Danger Zone is published by Scholastic.

THE OPEN BOOK

The Open Book: Reading Aloud is Ageless program at Westchester County Medical Center Children's Center in Valhalla, New York has been selected for a 1996 National Association of Counties Achievement Award. The award recognizes the program's efforts "to promote responsible, responsive, and effective county government."

The Open Book (see previous newsletter--April/May, 1995--for full details of this program)brings together volunteers over the age of 55 and young families attending the pediatric clinic for reading aloud, helping parents read to their children, and giving away books. The program is sponsored by the Reader's Digest Foundation. For more information, contact Reva M. Greenberg, Ed.D., Director, at (914)472-4451.

QUILT DONATION

A jungle quilt handmade by Gertrude Oliver of Boston will be displayed in the pediatric intensive care unit, along with a plaque dedicating the work to her daughter, who recently passed away. Cheryl Oliver was the first African-American baby to be transfused at Boston City Hospital many years ago as part of a study on Rh negative blood reactions. Mrs. Oliver has served as a faithful volunteer in the Reach Out and Read program until her eyesight started to fail, and remains a strong supporter of the need to read. In her jungle quilt, giant appliqued giraffes, zebras, and elephants gaze down on the ICU, five-foot-tall jungle animals bearing witness to their creator's artistic skill, and commitment to the children of Boston City Hospital--and to reading aloud. Mrs. Oliver's Raggedy Ann quilt and story books are also on display in the Child Life playroom.

FUNDRAISING IDEAS

As summer gives way to fall, our thoughts turn to books and school. Schools and community organizations can be great resources for fundraising ideas and projects. Several ROR programs have benefitted from collaborating with local elementary schools on fundraising efforts. Here are a few ideas to share. (A hint - it's great to have connections. Physicians who themselves have children in local schools can use that link to bring the schools on board!)

BUDDY PROGRAM: A physician at Boston City Hospital partnered with her daughter's elementary school to create the Buddy Program for children at BCH. School children enthusiastically volunteered to earn "spare change" at home by doing agreed-upon chores and errands. This "extra" earned income was contributed to the school's fund to help purchase books for the children at BCH. The children loved the idea that they were helping others learn to read and raised almost $400!

CAN & BOTTLE DRIVE: Fairhaven Community Health Center benefitted from the proceeds of a local school's recycling drive. Children turned in bottles and cans for cash and also donated used books. Creative teachers used the drive as an opportunity to design a math lesson. Children had to count and sort the hundreds of books into piles of tens! The children had a great time!

REMEMBER TO SEND US YOUR STORIES, IDEAS & WISDOM ABOUT VOLUNTEERS & CONTINUE TO SEND YOUR BEST FUNDRAISING IDEAS. LET US KNOW IF (AND HOW) PEOPLE CAN CONTACT YOU. THANKS!!

RECOMMENDED BY ROR

This Column features reviews of favorite children's books.

Love You Forever by Robert Munsch, illustrated by Sheila McGraw: Firefly Books Ltd. Ages 4 and up.

A young mother rocks her new baby and sings:

> I'll love you forever,
> I'll like you for always,
> As long as I'm living
> My baby you'll be.

Her baby grows from a mischievous toddler to a wild, music-loving teenager but when her boy is really asleep, she rocks and softly sings the love poem to him. He becomes a man but when he's asleep, she still rocks and sings the poem until one day she can't finish her song because she's too old and sick. Her son picks her up and rocks her and sings to his Mommy and returns to his house and sings and rocks his own baby. This book is about the enduring nature of parents' love and how it crosses generations. It is a tear jerker for adults and children of four and up enjoy it too.

The Little Red Hen (Big Book-18"by15") Pictures by Lucinda McQueen: Scholastic Inc. All ages.

Children get excited about Big Books. As soon as you bring out a Big Book in your clinic waiting room, the children will want to read it over and over again. This old favorite with its repetitious, easily memorized phrases catches everyone's interest and soon the whole room is shouting, "Not I, said the dog." Delightfully illustrated.

What Do You Do With A Kangaroo? Written and illustrated by Mercer Mayer. (Big Book, 21½"by 18") Scholastic Inc. Ages 3 and up.

This nonsense story about a group of seven rascally animals invading the home of a little girl and nosing into her daily routine will regale your readers. After much chaos, the animals prevail and she lets them stay. The illustrations are wild, wooley and wonderful.

ROR Boston/Boston Medical Center/One Boston Medical Center Place,Mat 5/Boston,MA 02118/ phone: (617)534-5701/FAX(617)534-7915 Newsletter Design & Technical Assistance in all things by Jeanne McCarthy

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BOSTON MEDICAL CENTER

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Reach Out and Read

Prescription for Reading Initiative: ROR Goes to the White House

On April 16, 1997, First Lady Hillary Rodham Clinton held a press conference at the White House, announcing the creation of a new national partnership, the Prescription for Reading. With inspiration and leadership from the First Lady, who has brought the power and prestige of her office to bear on the issue of early literacy and its place in children's health, this partnership is jointly lead by Reach Out and Read, First Book, and Scholastic, Inc. The Prescription for Reading represents a group effort on a whole new scale, bringing together pediatricians and publishers, librarians and literacy organizations, hospitals and health care centers, pharmacists and foundations! Reach Out and Read is very proud to help lead this exciting and dynamic initiative, with its goal of ensuring that by the year 2000, every child under the age of five in America should be read to every day.

In addition to the First Lady, Dr. Barry Zuckerman, Director of Medicine and Chairman of Pediatrics at Boston Medical Center, and one of the founders of Reach Out and Read, spoke at the White House, as did Dr. Robert Hannemann, President of the American Academy of Pediatrics, and Richard Robinson, the Chairman and CEO of Scholastic, Inc. Mrs. Clinton emphasized the importance of reading aloud to small children, and described the genesis of the Prescription for Reading initiative, a response to her call to public and private entities to join together and make reading and books part of routine health care. She acknowledged the many commitments made by different organizations and companies who had been brought together as partners in the initiative.

Dr. Zuckerman talked about the pleasure pediatricians take in giving out books, and the overwhelming delight that children take in receiving them. He talked about the history of the Reach Out and Read program, the logic of having pediatric care providers discuss literacy and reading aloud, and offered a number of clinical anecdotes, all illustrating the power of books in children's lives. Dr. Hannemann emphasized the commitment of pediatricians as an organized professional body to the incorporation of books and literacy into well-child care. Mr. Robinson read aloud a new book by Rosemary Wells, ***Read to Your Bunny***, which is a children's book which describes, in delightful rhymes accompanying wonderful pictures of bunny parents and children, the pleasures of reading aloud for twenty minutes a day. Rosemary Wells then presented the First Lady with a piece of original artwork.

Reach Out and Read was well represented at the White House; in addition to Dr. Zuckerman, Dr. Robert Needlman, Dr. Perri Klass, and Elaine Grossman, MEd, were all present. Leaders from other Reach Out and Read program sites were invited as well, including Dr. Trude Haecker from the Children's Hospital of Philadelphia, and Dr. Sandra Cuzzi, who is working to establish a program at Children's National Medical Center in Washington, DC.

The Prescription for Reading partnership has already collected pledges for many new books from Scholastic, Inc., and Random House, and is hoping to bring in more books from more publishers. The National Association of Community Health Centers will work with Reach Out and Read to put the program into health centers, while the National Association of Children's Hospitals will encourage the development of ROR programs in its constituent

Reach Out and Read is supported by:

- The Association of American Publishers
- The Annie E. Casey Foundation
- The Joan and Steve Belkin Foundation
- The Boston Company
- Candlewick Press
- The Dreyfus Corp.
- The William T. Grant Foundation
- The Kid's Fund
- The Hasbro Children's Foundation
- Mellon Trust
- Minute Maid Corp.
- The Irving Harris Foundation
- The Robert Wood Johnson Foundation
- Random House Children's Publishers
- Save the Children Foundation
- Scholastic Inc.
- Share Our Strength
- Shaw's Supermarkets

■ *Prescription for Reading Initiative (cont.)*

hospitals. In addition, the Annie E. Casey Foundation, Irving Harris and the Harris Foundation, the Dreyfus Corporation, and the Mellon Trust, have all committed to supporting the program.

With these and many other partners, the First Lady's national initiative is offering us a chance to expand and institutionalize our work on early literacy, and to reinforce in multiple ways the messages that we are asking pediatric care providers to give their patients at well-child visits. For example, the National Community Pharmacists Association and the National Association of Chain Drugstores will put age-appropriate reading tips in with children's prescriptions.

It was a truly exciting day at the White House for all of us from Reach Out and Read, and ever since the First Lady's announcement, we have been caught up in a new and remarkable momentum. If you would like more details on the Prescription for Reading, please let us know.

Scholastic Challenge

On April 16, 1997, Richard Robinson, Chairman and CEO of Scholastic, Inc. announced a donation of 100,000 books to ROR for the start up of new programs. Mr. Robinson went on to pledge to increase this gift by 5,000 books for every $100,000 raised by the National Training Center in Boston. To date, the Scholastic Challenge has increased their donation to 125,000 books. Every proposal we write, every donor we meet, and every media interview we have includes this challenge. Their generosity is an exciting opportunity for all ROR programs. Here are three examples of how this is working: one individual donor has given a $100,000 gift, to be paid over five years; Mellon Trust has made a grant for $100,000; the Annie E. Casey Foundation has made a $100,000 grant for program start up in Baltimore and Maryland. These generous donors to ROR have generated an additional 15,000 books from the Scholastic Challenge. If you have any questions on how to make the most of this opportunity, please call Elaine Grossman at 617-534-7554.

Ask for info

ROR News

National Training Center ■ The National Training Center welcomes two new staff members this month. Nancy Berman joins us as Development Officer and Matt Veno as National Program Officer.

As of June 1997, there are 98 ROR sites in 34 states with 74 additions since the fall of 1996. New locations include Alabama, Alaska, Hawaii, and the Rosebud Sioux Tribe Healthy Start in South Dakota.

The National Training Center is also working on city and statewide initiatives in New York City, Baltimore, Chicago, Kansas City, Rhode Island, and Texas. A day-long training was held in New York City on April 29 for new sites and interested providers and administrators. The Baltimore launch was kicked off by First Lady Hillary Rodham Clinton on June 10 at the University of Maryland Pediatric Ambulatory Center.

Interest in ROR is also at an all-time high; over 250 individuals have inquired about ROR in 1997. Applications for start-up funding also continue to arrive on a daily basis.

For more information about our expansion or for an updated national sites list, please call our office at 617-534-5701.

San Francisco Bay Area ■ An eventful trip to San Francisco in mid-March found Perri Klass, MD and Pat Cowan, RN crisscrossing the city opening Reach Out and Read programs. The University of California at San Francisco was first with Grand Rounds by Perri and a "nuts and bolts" session by Pat, followed by a workshop at San Francisco General Hospital. Then it was across the bay to Oakland Children's Hospital for a tour and informal discussions about their literacy program becoming a ROR site. The next day it was down to Palo Alto for Perri with Grand Rounds and training sessions at Packard Children's Hospital while Pat headed up to wine country to conduct a Grand Rounds at Santa Rosa Community Hospital. Round table discussion and a delicious lunch followed at a school-based neighborhood health center.

At this time we can report that San Francisco General's ROR program is up and running successfully. Packard Children's Hospital reports an enthusiastic response to their program, and Santa Rosa continues to plan a community-wide program involving their neighborhood health centers and Santa Rosa Community Hospital. Oakland Children's Hospital program, under the direction of Dr. Hilary Bethke, has received a $15,000 grant from the Wayne and Gladys Valley Foundation, and they have completed a survey of parents at their clinic. They are now a part of the ROR family. Welcome to all our new sites in the Bay Area!

In Memoriam ■ As a reading specialist in the Boston Public Schools, Anne Marie H. Wolan of Hanover, Massachusetts, treasured the value of reading and sought to pass on this love of books to her students. Mrs. Wolan died on May 17, 1997, after a lengthy battle with cancer, but her desire to see literacy thrive will be perpetuated. Through generous contributions of friends and family to Reach Out and Read, her legacy will continue. Our condolences go out to her husband Richard, and sons Andrew and Jonathan.

ROR/First Book Partnership

We are very pleased to announce a new national partnership between ROR and First Book under the auspices of the Prescription for Reading, the national early literacy initiative introduced on April 16, 1997 by First Lady Hillary Rodham Clinton.

First Book is a national nonprofit organization with a clear and simple mission: ***to give new books to children who have little or no access to books of their own.*** To this effect, First Book works with existing community-based literacy programs, like ROR, serving our nation's hardest to reach children.

The ROR/First Book Partnership creates a book purchasing service which enhances and simplifies the work that is done in local ROR programs. Specifically, this partnership:

- reduces the cost of books through First Book's centralized purchasing process and discount agreements with individual children's book publishers; and
- streamlines book ordering, delivery, and payment.

The booklist will be updated frequently as new publishers are added to the list. If you are a publisher and would like to learn more, please call Claudia Hopkins at First Book, 202-393-1222.

The booklists were mailed to all ROR sites on July 9, 1997, and we have already received enthusiastic response. We are excited about this new partnership and opportunities it creates for ROR sites.

Fund-raising Tip

Begin building a family of consistent donors in your community by providing donation envelopes. Start including donation envelopes with your contribution acknowledgments and thank you notes. With envelopes on hand, supporters will be encouraged to contribute to ROR on a routine basis. Use the envelopes to promote donations in honor of special events — birthdays, anniversaries, achievements — or for memorial contributions.

The envelope itself can be printed simply and inexpensively. Printers and copy centers in your community may be willing to donate this product to the program. Envelopes should be sized to allow them to be included in a regular business envelope, or inserted in a newsletter. The text on the flap of the envelope should offer donors a choice of contributions: either dollar amounts or categories reflecting the cost of items (i.e. books for one year for one child).

Books

Pat's Picks ■ by Pat Cowan, RN

Children from Australia to Zimbabwe ■ by Mayā Ajmera & Anna Rhesa Versola ■ Charlesbridge Publishing ■ All ages

This colorful photographic journey around the world depicts children at play, children with their families, and children being loved and protected by their communities. The idea is for young readers and listeners to feel a part of and connected to a much larger community — the community of the world's children. With fresh graphics, delightful photographs, and a treasure trove of facts about the countries children are encouraged to discover what it is like to grow up in places very different from their own.

A portion of the proceeds from sales of this book will be donated to community-based educational projects for children around the world. This book would be a nice addition to your clinic's volunteer reader selection.

In the Jungle ■ by Julie Locane ■ Candlewick Press ■ Ages 6 mos.-3 yrs.

We like board books about jungle animals and better yet, we like to poke our fingers through the holes and make the animals come alive! Fingers make great elephant tusks and insect wings.

Candlewick publishes a series of board books including ***Farm Animals*** and ***Zoo Babies,*** plus photographic board books ***Good Night Babies*** and ***Good Morning Babies,*** which are of high quality and among the lowest priced on the market.

First Words and Pictures ■ by Catherine & Lawrence Anholt ■ Candlewick Press ■ Ages 9 mos.-3 yrs.

Children just love to name their favorite things. From waking up to bedtime, twelve baby and toddler activities are vibrantly illustrated here in multicultural watercolor and ink pictures. Each activity in a double page spread is introduced with a question "What do you like to eat?" "Who is feeling sleepy?" Familiar objects illustrated singly on the left page are contained within the illustration on the right, to be triumphantly pointed out and renamed again. The visual stimulation and question and answer response elicited make this a concept book of exceptional quality.

BOSTON MEDICAL CENTER

Reach Out and Read
Boston Medical Center
One BMC Place
Dowling 5 South
Boston, MA 02118

No. 9077

Patrice Koerper
Public Relations
Tampa-Hillsborough Library System
900 N Ashley Drive
Tampa, FL 33602

33602-3704 03

Reach Out and Read
Boston Medical Center
One BMC Place
Dowling 5 South
Boston, MA 02118

tel: 617-534-5701
fax: 617-534-7557

■ *Fund-raising Tip (cont.)*

Envelopes can also be a mechanism to educate donors about ROR's mission and program achievements. The remainder of the envelope space should be used to record name and address information, as well as any acknowledgments the donor requests.

For additional information and suggestions on designing a donation envelope, please call Nancy Berman at 617-534-7554.

ROR Events

Training ■ ROR training events will be ongoing as the program grows. If you are interested in attending a session, please call the National Training Site at 617-534-5701.

August 5 — Lynn, MA
Lynn Community Health Center

August 15 — Chicago, IL
University of Illinois

August 26 — New Orleans, LA

September 25 — Kansas City, MO
Children's Mercy Hospital

September 26 — Kansas City, KS
Kansas University

October 7 — New York, NY
Columbia Presbyterian Medical Center

October 15 — Burlington, VT
University of Vermont

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Ooooh Baby, What a Brain!

By Cara Barlow

Born to Read works to reach children during the years most crucial to brain development.

"No bite book!" is a common cry in our household. Anna, my year-old daughter (on page 21), often gets so caught up in exploring her books that she not only looks at and handles them, but bites too. You can tell which books are her favorites by the toothmarks on the spine and the rumpled and taped pages.

Babies are hard on books, but they also need them. How else are they to learn how a book works, how to turn pages, and that books are to be enjoyed and read (but not bitten)?

Children's librarians have steadily lowered the age of children they serve at storytimes and through outreach programs to take advantage of this early developmental period. This spring, interest among the general public in the development of children from birth through age three intensified as Hillary Rodham Clinton chaired the White House Conference on Early Childhood Development and Learning. The "I Am Your Child" campaign that began in late April included an ABC television special and a special edition of *Newsweek* on the status of young children.

While research (see page 23) shows that the foundations of literacy are laid at a very early age, other studies show that infants and toddlers are simultaneously threatened by economic and social problems

John Fortunato

Cara Barlow (cbarlow@empire.net) is a New Hampshire–based freelance writer and former Head of Children's Services at the Winchester (MA) Public Library.

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The Early Impact of Books & Libraries

Cara Barlow

A 1994 Carnegie study called "Starting Points" (www.carnegie.org/starting-points/) provides evidence of the "quiet crisis" that confronts children under three. Among the problems the study found are inadequate prenatal care, parental isolation due to more divorces, substandard child care, and poverty. In fact, a full quarter of families with children under three live in poverty, according to the report. The findings also showed that only 50 percent of infants and toddlers are read to routinely by their parents, and many parents give insufficient attention to their child's intellectual development.

A Collective Brainstorm

Reaching at-risk parents, most of whom are not library users and may not be able to read themselves, is difficult. When I lived in Boston I volunteered for Boston City Hospital's Reach Out and Read program. I was incredibly excited to be a volunteer—I would be working with a segment of the population with which I'd had relatively little contact, and it would be in a hospital setting, not a library. The volunteers read to children in the waiting room and pediatricians give out a book to their young patients each visit.

But reading to sick children (or their restless siblings) who may not speak English or who have never handled a book before is no easy task. I often ended up just chatting with parents about their children and children's books. The books given out by the doctors, though, were a huge hit with both parents and children. The American Academy of Pediatrics now encourages pediatricians to give books to their patients.

Similarly, Born to Read, a project administered by ALA's Association for Library Service to Children (ALSC) and initially funded by the Prudential Foundation, has attempted to build partnerships between public librarians and health care providers to reach out to new and expectant at-risk parents. The hope is that together librarians and health care providers may be able to break the cycle of illiteracy, help parents improve their reading skills, impress upon them the importance of reading to their children, and promote awareness of the health and parenting resources available in libraries.

Born to Read is part of a decade-long collective brainstorm that links health care, children's reading, and family literacy. The project started by distributing five $30,000 grants to sites in 1995, its first year, and now serves as a model for similar projects, funded locally.

A Trio of Born to Read Sites

To see what the project entailed, I interviewed librarians at the Carnegie Library of Pittsburgh and the Provo (UT) City Library. I also spoke with Deborah Halsted at the Houston Public Library, which ran a Born to Read program but used alternate funding. Each library approached its Born to Read project in a different way.

Pittsburgh Starts Early. Pittsburgh's Carnegie Library and its affiliate group Beginning with Books launched Born to Read in 1995 without waiting for the babies to arrive. They started by doing outreach to mothers-to-be.

Pregnant adolescents scheduled for checkups and parenting classes at the Magee-Womens Hospital participate in a program called the Read-Aloud Parent Club, which is designed to appeal to teens, according to Elizabeth Segel of Beginning with Books. In addition to an introduction to the library and discussions on topics like "the reading-writing connection" and "celebrating diversity," the facilitator includes activities to foster the teens' involvement in the program, such as crafting homemade photograph albums or encouraging club members to compose greetings to their soon-to-arrive children.

After the Born to Read grant ran out, Pittsburgh's Drue Heinz Trust agreed to fund the Read-Aloud Parent Club for a year, through June 1997. Talking with young women about the importance of reading while they wait to see a doctor may not seem like much, but the message of why parents should prepare a story-filled home for their children got

Pittsburgh's Carnegie Library...doesn't wait for babies to arrive—they reach out to mothers-to-be.

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"The younger you are, the less attention you get."—Virginia Mathews, Youth Advocate

through on a big way. One participant sent her husband to the club when she couldn't attend, and another came back to the hospital for a session just days after giving birth.

Provo Targets Dads. Utah's Provo City Library has the largest audience in the nation for children's programming. 34 percent of its population is under 18, and 6,000 babies are born each year in the county. Provo's population is highly educated, but low income levels exist due to a large student population at Brigham Young University that marries young and has large families.

"Our focus is infants," says Head of Children's Services Carla Morris. "We have 16 storytimes a week, nine of which are infant programs. We have a lot of kids and want to make sure that people know the library is welcoming to children."

Another of the original Born to Read sites, Provo's program continues today. During the first year, the library distributed 3,000 Born to Read packets to two area hospitals, purchased materials for infants, and expanded infant programming. Book Babies for infants, Mother Goose for 12- to 24-month-olds, and Toddler Times for two-year-olds. Born to Read funding also provided postnatal nursing care for at-risk families. "A child needs to be nourished in his body, but also his spirit and soul need to be nourished and enriched by reading," said Morris.

Provo's first year Born to Read programming also included Time with Dad, a feature that Morris hopes to return to in the future. For fathers and their children, Time with Dad sessions featured visits with author Dean Hughes, who writes sports books for children, and with Brigham Young University basketball players, who talked about what books they liked to read when they were kids. Also included in the mix were storytelling, puppets, and magic.

"Dads liked it," said Morris. "They liked having their own night, and they were just like the moms—they enjoyed meeting each other and talking about their kids. I think it made them feel like they were good dads." Despite the emphasis on sports, Morris said that the fathers brought both sons and daughters.

Because of the success of Born to Read, the library won a $4,800 Federal Community Development Block Grant to continue distributing hospital packets. The Book Babies, Mother Goose, and Toddler Times programs have all been funded and staffed as permanent programs.

Houston Models Reading. The Born to Read program at the Houston Public Library is designed to reach at-risk African-American and Hispanic parents through local health clinics. But unlike Pittsburgh and Provo, Houston used $8,350 from a U.S. Department of Education Title I grant.

Children's librarians visit two clinics twice a week to model reading to children and use ethnically correct dolls, according to Deborah Halsted, HPL's Coordinator of Programming. The program, which started in October 1996, offers coupons for free board books in both Spanish and English, redeemable at the branch libraries. Participants attending at least three sessions receive a Born to Read bib, a board book, a book for themselves about reading to their children, and informational packets. Because the program is so new, Halsted said they are still ironing out wrinkles.

No Easy Task

At-risk parents are one of the toughest groups for librarians to reach, and the fact that most librarians are white, middle class, English-speaking women does not help. Reaching parents who do not share the same background without seeming condescending or patronizing is a constant concern. And if there's a language barrier, reaching them can be literally impossible. Selecting the correct time, place, and staff for outreach programs is essential. If anything shows that we need a more ethnically diverse profession, it's the need to more easily reach minority and immigrant families with infants who are not accustomed to using public libraries.

"There's mounting evidence, too strong to be refuted, that relates to brain development and literacy," said Virginia H. Mathews, a well-known advocate for library services to youth and author of "Kids Can't Wait...Library Advocacy Now" (*SLJ*, March 1997, pp. 97–101). "We've never paid much attention to young children—the younger you are, the less attention you get. Now that's been turned upside down." □

For more information

Butler, Dorothy. *Babies Need Books* (Atheneum, 1982)

Greene, Ellin. *Books, Babies, and Libraries*. (ALA, 1991)

Judge, April. "Nurturing a Baby's Love of Learning." *American Libraries* (December 1995): 1134

Klass, Perri. "For Children's Good Health, a Book at Every Check-Up." *Boston Globe* (October 27, 1996): D7

To Attract More Babies

Here are resources to help you create infant- and toddler-centered services.

To start a Born to Read program

Born to Read
Association for Library Service to Children
50 East Huron St.
Chicago, IL 60611
(800) 545-2433 or (312) 280-1398
lbostrum@ala.org
www.ala.org/alsc/born.html

Born to Read demonstration sites

H. Leslie Perry Memorial Library, Henderson, SC
Carnegie Library of Pittsburgh
Provo (UT) City Library
Sutter County Library, Yuba City, CA
Memphis/Shelby County (TN) Public Library and Information Center

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Building Blocks for Literacy:
What Current Research Shows

Provo (UT) Library

By Steve Herb

The foundation for literacy is in preschool language experiences.

What is it about the preschool years that make them so important in the development of future reading skills?

Although young children may learn many concepts and skills from books—e.g., the range of blues that make up "blue" and, at an even earlier age, which publisher produces the tastiest book covers—the foundation for emergent literacy is in preschool experiences with language. And the only sound means of transmitting those experiences is through human interaction, the social aspects of learning.

We've learned that the roots of literacy appear to be strongly grounded in orality (speaking and listening) and playfulness. In fact, playful oral language experiences prepare children to understand and experiment with written language. In his book *A Is for Ox* (Pantheon, 1994), cultural historian Barry Sanders makes a passionate call for society to reinvest in our children's literacy. He speaks of a growing number of violent and illiterate young people as "post-illiterates... at home neither in orality nor in literacy."

Sanders's historical research leads him to conclude that children need to be immersed in an oral culture intimately connected to their families before they can absorb text later on.

Literacy and Learning Theory

The personal and social interactions of an adult and child with a book are well covered in a variety of learning theories.

One excellent example is from the work of psychologist Lev Vygotsky. Vygotsky proposes that children's mental abilities originate from social interactions with members of the child's culture. Learning first occurs within this social context, and only later does the child internalize it.

He further distinguishes between development and learning. Learning takes place when a more competent person gives the child the support needed to engage in a task that would be too difficult to do alone at the child's present developmental level. Vygotsky calls this area in which learning occurs the Zone of Proximal Development. Examples of enhancing literacy learning through the Zone of Proximal Development are:

- a parent who remembers that her four-month-old baby squeals excitedly at a particular page in a cardboard book, keeps track of the book, and reads it to the baby regularly, and
- a librarian who notices a two-year-old say "pumpkin-eater" when he touches a jack-o-lantern at the library and takes a moment to squat down to chant the whole rhyme with the child, perhaps repeating it at storytime.

Notice that in both examples there is a shared cultural context between child and adult: the mother who can "read" her baby's emotions and pairs that with a cultural idea of a favorite book, and the librarian who knows the songs and rhymes taught by families. This cultural sharing is necessary for learning because it provides continuity between what is already known and the new learning offered.

By examining the learning theories of Vygotsky and his fellow psychologists Jerome Bruner, Urie Bronfenbrenner, and Albert Bandura, we understand that literacy learning is facilitated when children have:

1. opportunities to participate in literacy activities that are guided and paced by a more skillful member of the child's world.
2. opportunities for learning that enable the child to actively participate;
3. opportunities for intimate learning, that is, learning with support from someone who knows the child well enough to make appropriate judgments about when and what the next learning steps should be—the distinct advantage of the parent as a child's first teacher; and
4. support for learning that resides not just in families and schools, but across a range of cultural contexts—e.g., libraries—that directly and indirectly influence children's development.

Research Findings on Books

In this age of the Internet and an overwhelming emphasis on technology, the 32-page picture book is still the best means of linking an adult and a child in those social bonds that produce a literate human being. Research findings regarding children's books indicate that:

- children's early experiences with books directly relate to their success in learning to read in school. Specific aspects of these books make the experience even more effective, such as the interest level and ease of understanding and remembering the story;
- children are more motivated to request being read to, and to "read" or explore on their own books with which they are already familiar;
- there is a relationship between how much children have been read to and how well they will read; and
- storybook reading is a more effective influence on literacy development when children have opportunities to engage in conversation about the story. □

Steven Herb is Education Librarian at Pennsylvania State University in University Park, PA, and outgoing President of the Association for Library Service to Children.

This material is based on research conducted for a paper-in-preparation entitled "Preschool Education Through Public Libraries," by Steven Herb and Sara Willoughby-Herb for Westat/American Library Association.

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BORN TO READ

November 1994 the H. Leslie Perry Memorial Library was selected as one of the American Library Association's first three Born to Read National Demonstration Sites. Awarded $30,000 to develop and implement a community-based program targeting at-risk parents, this program fosters local partnerships between public libraries and health care agencies. Dasie Newton, children's librarian at H. Leslie Perry, is the primary manager for the project, working closely with Francis Sutton of the Granville-Vance District Health Department.

In early July 1995, April Judge from the American Library Association paid a five-day call on the H. Leslie Perry Memorial Library and the Granville-Vance District Health Department for the first Born to Read Project site visit. This is an account of her visit.

During my visit, I observed the types of activities that comprise the Born to Read program. On two separate occasions, I went to the Health Department, once for Prenatal Clinic Day and again for Well-Child Clinic Day. On each visit, the waiting room was crowded with expectant mothers, parents, and children of all ages from a diverse range of cultures. The waiting room housed a Born to Read deposit collection containing board books and paperbacks, and a play area complete with a child-sized house, chairs, and plastic cooking utensils. Two Hispanic mothers expressed great excitement when they discovered books written in Spanish. While waiting for their appointments, parents read to their children. Children read to themselves and others. Several played "house." As they entered, Dasie would speak to each family about the program and the public library. Many parents admitted that they did not go to the library because "Using it costs money, doesn't it?," or, "I didn't know I could get that kind of information at a library." A multitude of misconceptions were gently corrected by Ms. Newton. While distractions swirled around them, Jennifer Hinton, the Born to Read intern, read picture books to small groups of children.

Programs for parents and children are held at three housing projects in the community. At Beacon Lights, approximately 25 children listened to stories in one room while Ennis Dellea, Head of Preventative Resources for Families of the Van - County Mental Health Department, discussed parenting concerns with parents in another room. The parents appeared eager to share their experiences and feelings. After the thirty minute discussion, parents joined their children and participated in a craft activity. Refreshments were gobbled up enthusiastically, and, in some cases, the nutritious snacks were a child's breakfast and/or lunch. As the children exited the program, they each received a free paperback book. Leaving the housing project, I saw many children with their new books in hand, reading while sitting in building entry ways, or curbs, and under trees. Some of them asked us when the next storytime would be held. They appeared thrilled about the program and were most especially proud of their new books.

To my delight, a family I recognized from the Well-Child Clinic at the Health Department was in the Children's Department selecting books that afternoon. Jeanne Fox, the library director, assisted them in obtaining their first library cards. The children said they "came to the library because Miss Dasie told us about it that morning while we waited for our check-ups."

The last program I observed was for expectant parents and parents of newborns. Dasie shared parenting information, modeled techniques for reading aloud, and taught them several finger games. Several older children sat quietly in the back of the room playing with puppets and reading to one another, at one point building a "puppet stage" with some books and presenting a short puppet show.

There were fathers as well as mothers at every program and location I visited, and their interest in positive parenting was second only to the love they expressed for each of their children.

--April Judge
American Library
Association
Association for Library
Service to Children
Project Manager,
Born to Read Program
TAR HEEL LIBRARIES

Just to open a book is worthwhile.

-From a fortune cookie

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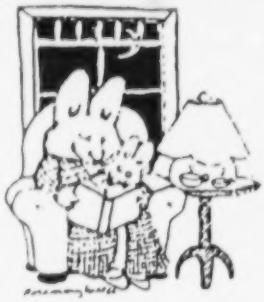
The Most Important 20 Minutes of Your Day

Read To Your Child!

- ☐ Daily Verbal Conversation
- ☐ Daily Physical Activity
- ☐ Daily Quiet Play
- ☐ Daily TV - Limit to One Hour.
- ☐ Weekly - Visit the library and your favorite children's bookseller.



This Week's Reading List:

CHILDREN WHO READ SUCCEED!

Courtesy of Universal Graphics, Inc., Inkwood Books, and Friends of the Library

PRESCRIPTION FOR READING

Date_____

Child's Name_____

What to do:

Share a book with Your Child

- ☐ **Every night at bedtime**
- ☐ **For____ minutes every day**

Other ideas:_____

_____

Signature_____

Reach Out and Read

What is the Reach Out and Read (ROR) Program?

ROR was created in 1989 by a group of pediatricians and educators in an effort to fight illiteracy in Boston's impoverished communities. ROR improves literacy among children living in poverty by reaching them at an early age and providing parents with the information, support and materials they need to make books a part of their children's lives. ROR uses the power of a supportive relationship between parents and health care providers to help children learn to read.

ROR integrates parent education about literacy development into regular pediatric care for children between the ages of 6 months and 5 years, taking advantage of regularly scheduled well-child visits to reach parents of young children before the school system can. Through the guidance from pediatricians and nurse practitioners, parents learn ways to support their children's early literacy development. In addition, children receive a free book at each pediatric visit and share stories with volunteer waiting room readers.

A 1991 pilot study by ROR found that parents who had been given a book and literacy counseling during a clinic visit were four times more likely to choose book sharing as an activity with their child.

How Does ROR Work?

* In the clinic waiting room, community volunteers read stories to children and model reading aloud techniques for parents.

* In the examining room, the pediatrician or nurse practitioner gives an age appropriate children's book to the child, comments on the child's abilities and counsels parents on how to use books to support their child's healthy development.

* At each visit, the child is invited to take home a new, developmentally and culturally appropriate children's book. Over time, the child acquires a home library of books to share with family and friends.

An Idea Flourishes

In May, 1994, ROR received a major three year grant from the Annie E. Casey Foundation to develop and implement similar pediatric early literacy programs in health-care settings nationwide, with Boston City Hospital as a national training site. The Association of American Publishers is the publisher of ROR's training materials.

ROR seeks to change the culture of pediatrics by making literacy development part of every child's pediatric care. Programs are designed to be co-directed by a multidisciplinary team, and implemented in collaboration with local community organizations. National pediatric and literacy advisory boards have been created by the national training site in Boston to provide guidance to the program on a national scale.

How To Become Involved

For more information about ROR, please contact:

Reach Out & Read
National Training Site
Boston City Hospital, Mat 5
818 Harrison Avenue
Boston, MA 02118
(617) 534-5701

Why Are Books and Reading Aloud So Important?

Research studies indicate that early positive exposure to children's books, especially through reading aloud, helps children learn to read. The 1985 National Commission on Reading reported that children's experiences being read to were the single most important predictors of later reading success. Reading aloud supports language and cognitive development. Favorite books may join teddy bears and blankets as transitional objects, easing separations for children. Children can use stories to work through fears and problems. And perhaps most importantly, children begin to view reading as a pleasurable experience. A positive relationship with books becomes critical when children enter school.

This brochure has been published by the Association of American Publishers' Trade Division, with production support from Mosby and Lindenmeyer Co.

each Out and Read
oston City Hospital, Mat 5
18 Harrison Avenue
oston, MA 02118

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Reach Out and Read

Reach Out and Read

Reach Out and Read

A Pediatric Early Literacy Program

Developed At Boston City Hospital

"I know that by keeping her nose in the books, she is going to be a reader. If she's a reader, she could be a writer. She could be a doctor. She could be anything."

... a Reach Out and Read parent

Cuddle up with a Book and a Child
Read to Your Child

Rx REACH OUT AND READ

- ☐ Daily Have fun with your child: play, laugh, dance and sing.
- ☐ Daily Spend quiet time with your child: talk, listen and read.
- ☐ Daily Plan TV time wisely: watch together, talk about the show; read stories related to the show.
- ☐ Weekly Share a project: cooking, cleaning, shopping, and visiting friends or family.
- ☐ Weekly Visit your local library; borrowing materials and attending programs is FREE!

Funding support for books for Reach Out and Read provided by The Junior League of Tampa. Additional resources provided by First Book, Tampa- Hillsborough County Public Library System, WEDU Channel 3 and Barnes & Noble.

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THE CHILDREN NEED YOU!!

REACH OUT AND READ (ROR) OF TAMPA reaches children at a young age, improving their literacy while enriching their cultural development.

WE NEED VOLUNTEERS

to read books and stories to our patients at our Clinic on Davis Island. Hours are flexible and training will be available.

Call Sharon Dabrow, M.D. for info.

(813) 272-2268

WE NEED... CHILDREN'S BOOKS!!

Reach Out and Read (ROAR) at the USF Pediatric Ambulatory Care Center is in need of any type of children's books (new, used, paper, or hard back).

Please contact Dr. Sharon Dabrow at 272-2268 to arrange your donation.

Sample of packet for volunteers

HANDOUT

3.6 DEVELOPMENTAL MILESTONES OF EARLY LITERACY

MOTOR	COGNITIVE/SOCIAL	INTERACTION
6-12 months Reaches for book; book to mouth; sits in lap, head up steady	Looks at pictures, vocalizes, pats picture; prefers photos of faces	Parent holds child comfortably, face-to-face gaze; follows baby's cues for "more" and "stop"
12-18 months Holds book with help, turns pages, several at a time; sits without support, may carry book	No longer mouths right away; points at pictures with one finger; may make same sound for a particular picture (labels)	Child gets upset if parent won't give control of book; may bring book to be read; if parent insists that the child listen, child may insistently refuse
18-36 months Turns one page at a time, carries book around house	Names familiar pictures; attention highly variable; demands story over and over; reads books to dolls	Parent asks, "What's that?" and gives child time to answer, relates book to child's experiences; is comfortable with fluctuating attention of toddler
3 years and up Holds book without help, turns normal thickness pages one at a time	Describes simple actions, can retell familiar story, plays at reading, moving finger from left to right, top to bottom, "writes" name (linear scribble)	Parent asks, "What's happening?" questions, validates child's responses, elaborates on them, does not drill child but shows pleasure when child supplies words

3.7 TALKING WITH PARENTS ABOUT BOOKS

Having books in the examination room allows the pediatrician to directly model book sharing and to comment on the child's response to the book. Here are suggestions for brief anticipatory guidance, combining information about the child's emerging literacy with other developmental and behavioral issues.

6 to 12 months

- Comment while baby is looking at pictures. "She's really looking, moving her arms with excitement, and talking. Even infants love picture books."
- "You can make story time part of your baby's routine, before bed or naps."
- "You're teaching your baby that books feel good."
- "Babies love rhymes and songs."

12 to 18 months

- "When you ask, 'What's that?' and name the pictures in a book, it teaches your baby that things have names."
- "Once babies start to walk, trying to hold them on your lap can be a struggle. Some babies will want to be up and around during a story. That's OK."
- "Offer stories each day, but let your child be in charge of how long you read."
- "When your child grabs the book, he is showing a healthy drive for independence. He's not being bad."

18 to 36 months

- "If your toddler listens to a story for five minutes, that's a long time. Stories are a good way to help toddlers increase their attention span."
- "Sometimes you don't have to read what's actually written in the book. You can just talk about the pictures instead."
- "Your toddler will want to pick the book, the time, and the person to do the reading. Let your toddler make choices within the limits of what's OK."
- "Children learn by imitating. Does she ever read to her teddy bears or dolls?"

3 years and up

- "One way children learn to read is by hearing the same story over and over. It might be boring to you, but it isn't to her."
- "Your child might want to tell you a story, and it may be a very different one from the one you thought you were reading! Each time he retells the story, he is practicing using language in a very important way."
- "Play writing is the first step toward learning how to spell. Does she ever pretend to write or ask you to show her name?"

REACH OUT AND READ, 1995

3.8 READING ALOUD TIPS FOR PARENTS

Children Who Are Read To Learn To Read

MAKE READING PART OF EVERYDAY.
Read at bedtime or on the bus.

HAVE FUN.
Children who love books learn to read. Books can be part of special time with your child.

A FEW MINUTES IS OK.
Young children can only sit for a few minutes for a story, but as they grow, they'll sit longer.

TALK ABOUT THE PICTURES.
You don't have to read the book to tell a story.

LET YOUR CHILD TURN THE PAGES.
Babies need board books and help to turn pages, but your three-year-old can do it alone!

SHOW YOUR CHILD THE COVER PAGE.
Explain what the story is about.

SHOW YOUR CHILD THE WORDS.
Run your finger along the words as you read them.

MAKE THE STORY COME ALIVE!
Make up voices, use your body to tell the story.

ASK QUESTIONS ABOUT THE STORY.
What's going to happen next? What's that?

LET YOUR CHILD ASK QUESTIONS ABOUT THE STORY.

LET YOUR CHILD TELL THE STORY.
Children as young as three can memorize a whole story.

WHAT A GREAT JOB! YOU ARE HELPING
YOUR CHILD BECOME A READER!

5.4 FOR THE VOLUNTEER: TIPS ON BEING A PEDIATRIC CLINIC VOLUNTEER READER

WELCOME! Your commitment is an important one and you are making a difference for children and families.

PEDIATRIC CLINICS ARE UNPREDICTABLE! Every time you come it will be a different experience. Bring a book or a snack for yourself in case clinic is slow. Remember to take a break if it gets really busy!

MAKE SURE YOU HAVE A PLACE FOR YOUR COAT OR BAG. Travel light because clinics often have limited space.

INTRODUCE YOURSELF TO STAFF EVERY TIME YOU COME IN. Wear your name tag and always let people know who you are. Busy staff may need a few introductions before they remember you.

ASK YOUR VOLUNTEER COORDINATOR FOR THE NAME OF A KEY STAFF PERSON YOU CAN APPROACH. Introduce yourself.

BRING IN YOUR FAVORITE CHILDREN'S BOOKS. You may be most comfortable reading familiar stories.

PICK A COMFORTABLE PLACE TO READ. Find a quiet corner with little traffic. A reading table or soft chairs are ideal.

DON'T TAKE RESPONSIBILITY FOR THE WHOLE WAITING ROOM. You are there to provide a positive reading experience. It can be for one child or a group. Do what is most comfortable for you; read to the children who want to be read to.

START WITH ONE CHILD. Don't wait for an audience to gather. Often, starting to read to one child will attract other interested children.

INVOLVE THE PARENTS. Introduce yourself. Offer them books. Invite them to listen to a story. Praise their child's skills. If you don't speak their language, a welcoming gesture and smile is always understood.

ASK FOR HELP. If you are concerned about anything you observe during your time reading, go to your key staff person. It is not your job to intervene.

REMEMBER, CHILDREN AND PARENTS ARE STRESSED. Many children are sick or scared. Many parents are overwhelmed with life crises. Families may take a minute to warm up, but most will welcome a book or story.

Reading program makes doctor visits educational

By Marlene Bertino
Staff Writer

Underprivileged children who visit the USF pediatric clinic can now get more than a lollipop in the waiting room.

A new program at the clinic will invite volunteers to read to children in the waiting room.

The program, Reach Out and Read, is designed to improve literacy among children by reaching them at a young age and providing parents with the resources needed to make books a part of their children's lives.

Besides being read to in the waiting room, the children will have the opportunity to take books home from the clinic.

Doctors provide parents with an update on their child's literary progress as well as the child's health.

The USF program is modeled after one that has been in place at Boston University Medical Center for eight years. It was designed after research indicated early exposure to books could help children learn to read.

AROUND THE CAMPUS

Dr. Perri Klass, the medical director for Boston University's Reach Out and Read program, said impoverished students often don't have the resources they need to learn to read.

"We realized kids in poverty lag behind developmentally in their ability to listen to stories, sequence what happens and even learn to turn the pages," Klass said.

Boston University Medical Center donated a small amount of money to get USF's program off the ground. More money is currently being sought to keep the clinic open.

The director for USF's outreach program, Dr. Sharon Dabrow, said the program was something she always wanted to do.

Dabrow said though they are in the process of recruiting, she eventually hopes to have volunteers in the clinic Monday through Friday for four hours a day.

According to Dabrow, the program is aimed at young children in early stages of development.

"Our goal is to reach children from 6 months to 6 years," she said. "Basically, we're trying to reach children before they hit elementary school."

Dabrow said the program will be a good foundation for the children's years in school.

"I think exposing children to books when they're young is important to education," she said.

Not only does she think the children will be educated by the program, but Dabrow said the children will also enjoy reading.

"I think the children will gain a real appreciation of reading and a love for books," she said.

According to Dabrow, the program gives the parents a chance to get involved. She said parents at the clinic will be educated about the importance of literacy while being counseled on how to share books with their children.

USF pediatricians won't be the only ones involved in the program.

Senior medical students will also be part of the program.

As part of their elective medical humanities classes, Dr. Lois LaCivita Nixon, a USF associate medical professor, requests the students volunteer in the clinic.

Nixon said though no students have read for the program yet, they will gain good experience from volunteering.

"This is something that takes students outside the traditional boundary of medicine," Nixon said. "Not only will they read to the children, but they will get to listen to the experiences and stories of parents and family members."

Nixon said a program such as this will allow children to enjoy going to the doctor.

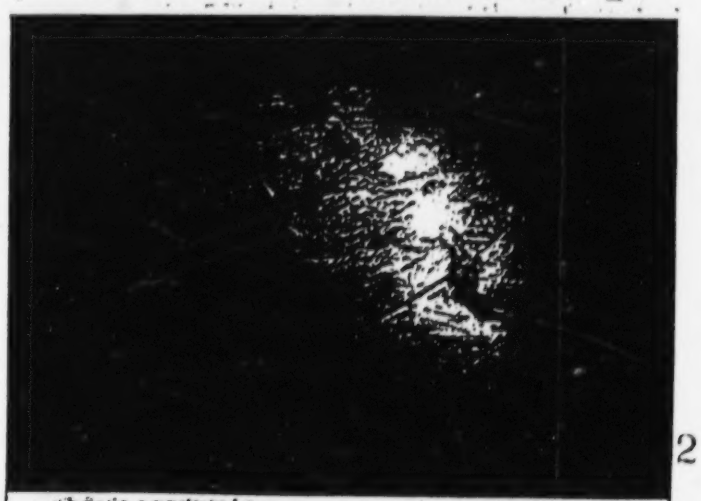
"This program is something that will be a positive experience for the children," she said. "Instead of children crying, 'I don't want a shot,' they'll be crying 'I want a book.' "

Medical student Donna Johnston said though she hasn't read to the children yet, she hopes they will gain from her reading to them.

"The kids will get the opportunity to learn to read," she said. "If nothing else, they'll have a pleasant experience while they wait for a doctor."

According to Johnston, she will benefit from the experience as well.

"I hope to gain the satisfaction of being a part of my community and helping where there's a need."



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EVALUATION

Evaluation Component for BORN TO READ Grants

Evaluation Objectives:

1. Measure impact on teen parents and their children
2. Identify factors that contributed to and/or limited the success of the project
3. Be accountable for funds provided
4. Make recommendations for future implementation
5.
6.

Quantitative information to gather:

1. Number of kits distributed (i.e., books, bib's, T-shirts, diaper bags, etc.)
2. Number of families served
3. Number of programs offered at outreach locations
4. Number of attendees at programs
5.
6.

Qualitative information:

1. Impact stories
   submit on comment cards during year
   send by email to Carole Fiore at cfiore@mail.dos.state.fl.us
   record for end of year report

2. Interviews:
   Phone interviews will be conducted by State Library staff to gather input from key stakeholders. These key stakeholders may include health professionals, community center staff, librarians and parents.

3. Comment cards
   Comment cards will be distributed to all community centers , health care centers and libraries participating in the project. Success stories, suggestions and other comments can then be submitted to the State Library.

4.

5.

BORN TO READ

PROJECT STATUS / EVALUATION REPORT

Library: _____

Project Number: _____

The Project.

1. Describe the project

2. Describe how the project will be implemented.

3. Tell how each of the partners will perform which project tasks. Include any letters of agreement that detail this.

Timeline. Provide dates of significant project events and benchmark dates by when certain tasks will be accomplished.

Training. List library staff, partner agencies, and volunteers that have been trained to participate in this project. Tell how they are involved in project implementation.

Project Budget. Detail how the project funds will be expended. Use the following categories.

Contractual Services
Library Materials
Supplies
Travel
Equipment (unit cost over $500)
Other

Data. Quantitative and Qualitative

Quantitative

Number of families served
Number of kits distributed
Number of programs offered at library; attendance at programs
Number of programs offered at outreach locations; attendance at programs
Partners – number of partner agencies and number of individuals

Qualitative

Stories and impact on clients
Stories regarding partnership activities

Problems. Indicate any problems or obstacles encountered in implementing the BORN TO READ project in your community.

State Library of Florida
Attn: Carole Fiore
R. A. Gray Building
500 S. Bronough Street
Tallahassee, FL 32399-0250

Please make comments, provide stories or give a suggestion for improvement. OR Tell us how BORN TO READ has made a difference in your life and the life of your baby. Your input makes the BORN TO READ project stronger!

_____

_____

_____

_____

Organization where you participate in BORN TO READ.

_____

Born
to
Read
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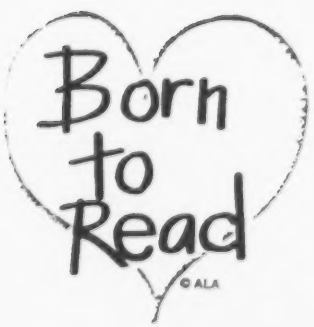

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